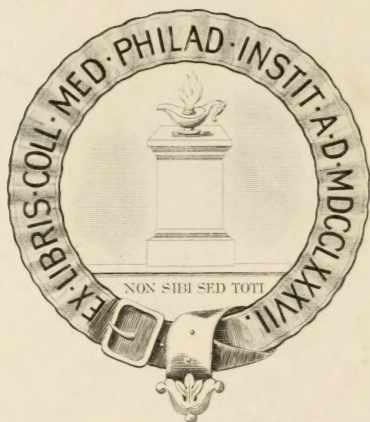






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# The HAHNEMANNIAN Monthly.

(VOLUME THIRTY-EIGHTH.)

JANUARY TO DECEMBER,  
1903.

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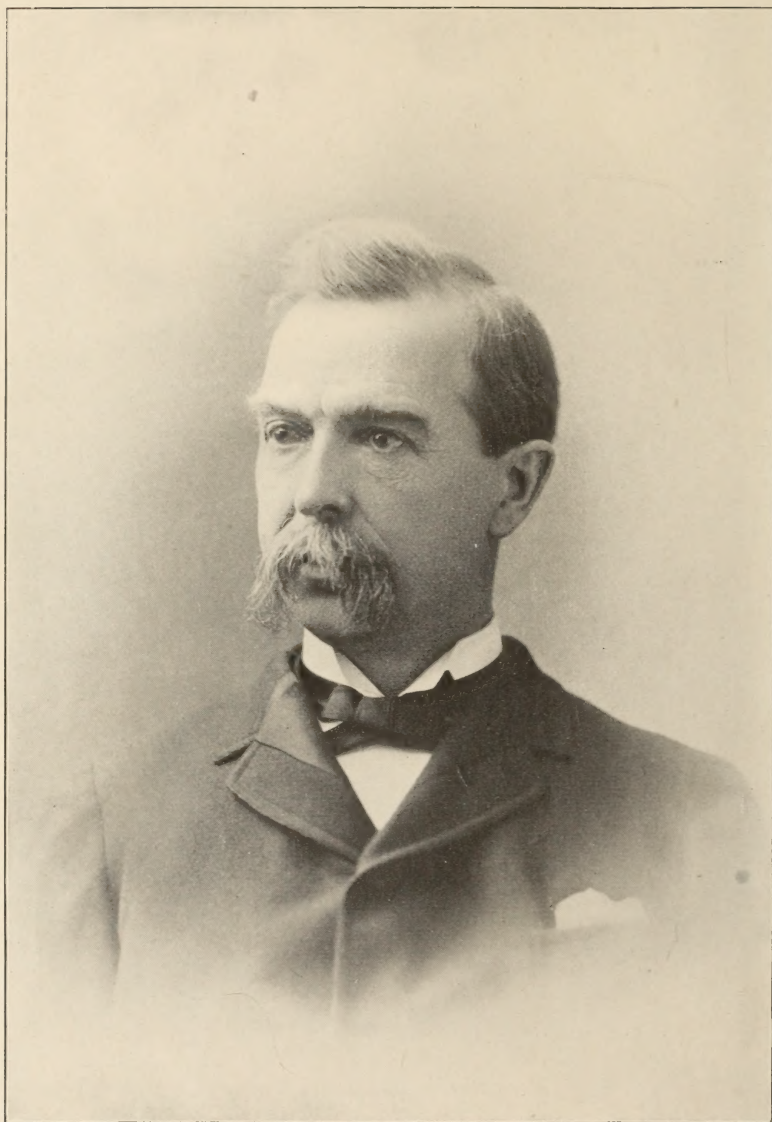
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T. F. ALLEN, M.D., LL.D.

DIED DEC. 5TH, 1902.

# THE HAHNEMANNIAN MONTHLY.

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JANUARY, 1903.

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## THE VALUE OF CARBO VEGETABILIS IN HOMŒOPATHIC THERAPEUTICS.

BY JOSEPH C. GUERNSEY, A.M., M.D.

(Read before the Philadelphia County Homœopathic Medical Society, December 11, 1902.)

CARBO VEGETABILIS, made from a carefully-selected, firm piece of birch or red beech, treated by cautious combustion, so that the charcoal, clearly exhibiting the texture of the wood, indicates perfect carbonizing, is a lever of enormous power in homœopathic therapeutics. Few remedies bequeathed to us by our forebears have a broader extent of cure and greater power in rescuing a loved one from the very brink of death.

Carbo vegetabilis was at first thought to be inert as a medicinal substance, and its only use to be derived from chemical properties it possessed of removing the bad smell from putrid and decaying substances; it was used as a mouth-wash to destroy bad breath, and it was powdered and sprinkled upon fetid ulcers, causing the foul odor to quickly disappear; then it was discovered that, taken internally, it destroys the stink of the fæces in an offensive diarrhœa or dysentery. "But," says Hahnemann, "this use of the vegetable charcoal, being merely chemical and not dynamic, failed to *penetrate into the inmost substance of the vital forces*," and the bad smell of the mouth, ulcer or fæces would soon reappear, only to be again temporarily dispelled by re-administering the charcoal.

It is well known that many of the most valued curative agents in our Materia Medica appear non-medicinal until their



curative virtues are, by potentization, prepared to *penetrate into the inmost substance of the vital forces!* Calcareo carbonica, aurum, platina, and other substances, may be swallowed in their crude state without producing medicinal effects. But by potentization each of these drugs becomes winged with wonderful healing powers. Hawthorne, in the "Marble Faun," says it is impossible not to think that the outer marble is merely an extraneous environment, needing only to have the covering knocked away to reveal in that shapeless block of marble the God-like statue. In other words, just as the sculptor produces the beautiful statue by chipping away such parts of the marble block as are not needed, so the potentizer casts away the outer shell of a drug which imprisons and restrains its healing power. Of still further use is potentization, for very many drugs in their crude state have such similar symptomatology that it is impossible to differentiate their application, except when potentized. Then the common factors of symptomatology are cancelled, and the distinctive sphere of each remedy appears in its own degree and upon its own plane.

Hahnemann's *Materia Medica* says, "Carbo vegetabilis especially corresponds to venous-hæmorrhoidal, gastric, bilious, or scrofulous constitutions, and to the melancholy, choleric temperament. It is especially adapted to cachectic individuals, whose vital powers have become weakened. It is suitable for colliquative conditions, a predominant action of the venous system, a diminished tone of the muscular fibre, increased irritability of the sentient nerves, in cases of hyperæsthesia; . . . in abdominal plethora, hysteria and hypochondria. Carbo vegetabilis is a proper remedy when the action of the arterial system has been entirely overpowered and the venous congestion is indicated by icy coldness of the surface and a blue tinge of the skin, fearful anguish about the heart."

In looking over the text-books of homœopathic therapeutics we find that carbo vegetabilis has a wonderfully wide curative range. In that great volume of "Special Pathology and Therapeutic Hints," by Raue, the study of which amply repays the physician who wishes to cure his patients, we find carbo vegetabilis recommended in nearly every diseased, *i.e.*, pathological, condition described in the book. Lilienthal's "Homœopathic Therapeutics" shows our remedy to be so frequently

indicated that it may almost be considered a cure-all to be prescribed in nearly every case to which the physician is called. In Hahnemann's "Materia Medica," in Hering's "Guiding Symptoms," and in Allen's "Encyclopædia of Pure Materia Medica," we find it possesses a most extensive symptomatology, while the *Materia Medica*s of Dunham and Farrington confirm its wide sphere of use. But, alas! based upon what I have just said, lies the greatest danger to the successful use of *carbo vegetabilis*; for when a physician uses a remedy empirically, merely because it has an all-embracing curative range, being "good for asthma" (as *carbo veg.* is), or "good for vertigo" (as *carbo veg.* is), or "good for dyspepsia" (as *carbo veg.* is), or is "good" for a thousand other ailments (as *carbo veg.* is), he is as often doomed to failure as to success—and the failure is his own fault for not prescribing in accordance with the law of homœopathy, which demands that medicines shall be administered in conformity with the *ensemble* of symptoms. Hahnemann teaches in his *Organon*, §6, "For the physician, the totality of the symptoms alone constitutes the disease."

I know that the value of symptoms is often sneered at, and I have heard homœopathic physicians who labor conscientiously to ascertain all the symptoms in a case of illness, and then search diligently for the *similimum*, contemptuously spoken of as "mere symptom coverers." *Mere symptom coverers!* Let us see what "symptom covering" amounts to.

For the physician,

Symptoms = remedy.

Remedy = cure.

Cure = money.

Now let us return to our school-days, and practice a little cancellation. We find that "remedy" cancels "remedy," and "cure" cancels "cure," giving the result that *Symptoms = Money!*

The foregoing equation seems to me an ample apology for "symptom coverers," and I offer it as a corollary to the sixth paragraph of Hahnemann's *Organon*.

Here is an impressive confirmation of the value of "symptom covering."

Hartmann\* relates that one day a patient came to consult

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\* Dunham's "Materia Medica," page 392.

Hahnemann. The malady was condylomata (fig-warts). Hahnemann examined them and then questioned the patient for a half-hour, noting symptoms in his record-book. He then consulted the "Materia Medica" for a few moments, then gave three powders, saying, "Take a powder every three days; come again the fourteenth day." "What remedy did you give?" inquired Hartmann. Hahnemann replied, "Have you listened to the examination and do you not know? You must study the 'Materia Medica!'" Hahnemann never told his pupils what remedy he gave, fearing to encourage routine practice. The fourteenth day the patient came again; the warts were but one-third their previous size. Hahnemann gave him two more powders, to be taken every fifth day. "Come again the fifteenth day." "What remedy did you give?" again asked Hartmann. "Do you not yet know? Study the 'Materia Medica,'" replied Hahnemann.

The fifteenth day the man returned; no trace of the warts was to be found. Hartmann could not contain himself. He came to Hahnemann's study at an earlier hour than usual, and opened his record-book to learn the remedy given. It was chamomilla 30; three powders. The two powders on the second visit were sugar of milk alone.

More astounded than ever, Hartmann could not contain himself, and, when Hahnemann came in, said to him, "I have committed a great crime. The desire to know with what remedy you cured the fig-warts so burned within me that I opened your book and ascertained it; and now, I pray you, on what grounds did you give chamomilla?" "Ah! have you done that?" said Hahnemann; "then take the book and read further; read the 'Symptomen-Codex,' and see if it were possible to give any other remedy than chamomilla when such symptoms were present." And so it was. Even Hartmann was satisfied that chamomilla was the only suitable drug.

And yet the prescription was made without any regard being had to the chief objective symptom,—to the very feature which, from a pathological point of view, was the central, pivotal fact of the case.

Let us briefly review some characteristic or "key-note" symptoms of *carbo vegetabilis*, which, when taken in their entirety, form a picture totally unlike that of any other drug, and



which distinguish it from every other remedy in the *Materia Medica*.

*Mental*.—There is a feeling of restless uneasiness which may amount to intense anguish, extending over the whole body and a whining, whimpering mood, usually toward evening; or may be extremely peevish and impatient, easily angered. So “thick-headed” he finds it difficult to think.

*Head*.—Vertigo in all its forms, and caused under all circumstances. Throbbing or aching pain in occiput; sensation of weight, pressure or heaviness in occiput; heaviness of the head. Sweat, often cold, on forehead. Falling off of hair.

*Eyes*.—Burning in eyes and eyelids, with such a great sense of pressure (weight) can hardly raise them; agglutination of lids. Black spots flying before the vision.

*Ears*.—Offensive otorrhœa. Deafness after exanthematous diseases. Noises in ears. Ears seem stopped up as by heavy load lying before them. Parotitis, hard swelling.

*Nose*.—Epistaxis frequent and copious, causing very pale face. Coryza, sneezing and vain efforts to sneeze.

*Face*.—Very pale face. Cracked (chapped) lips.

*Mouth*.—Gums recede from the teeth; gums are sore; sensitive when chewing; bleed easily. Looseness of teeth; toothache; rapid decay of teeth. Offensive breath. Much mucus in mouth and throat.

*Gastric*.—Loss of appetite. Eructations putrid, sour, bitter, violent, constant. Much flatulence, distention of stomach and abdomen, with burning sensation; with great pain; relief from passing flatus. Simplest food causes distress, stomach seems too weak to digest it. Dyspepsia, associated with coldness of surface of the body, feeble pulse, almost collapse.

*Stool*.—Watery, brown, slimy, frequent, involuntary, putrid. In cholera there may be collapse even without stool; surface of the body cold and bluish; nose, cheeks, finger-tips icy cold; lips bluish; cold breath and tongue; respiration weak and labored; desire to be fanned; voice hoarse or lost; pulse thready, intermittent, scarcely perceptible; sopor, without vomiting, stool or cramps. Diarrhœa with the foregoing symptoms may occur in low types of fever. Pressure and urging to stool with emission of flatus only. Itching and burning at anus and rectum.

*Genito-Urinary.*—Great desire and frequent urging to urinate; urine dark-red; turbid. Bad effects of sexual excesses. Itching, burning, soreness of the pudenda; aphthæ on. Corroding leucorrhœa.

*Chest.*—Voice deep, rough, hoarse, often failing entirely (aphonia) if used. Cough spasmodic, choking, suffocative; expectoration, foul-smelling; green; bloody; after the least cold; causes vomiting. Breath offensive, short, oppressed; must be fanned, owing to a sensation that there is not enough air; likewise, wants the windows opened.

*Back.*—Tearing backache; painful stiffness.

*Extremities.*—Burning pains; feel bruised; all the limbs and joints feel bruised; they go to sleep easily. Coldness of legs and knees.

*Skin.*—Ulcers with foul-smelling, corrosive discharge; burning; carbuncles, with tendency to gangrene. Blue color all over the body, with icy coldness.

*General Symptoms.*—Bad effects following long or exhausting or wasting disease; sexual excess; also from weakening discharges, as diarrhœa, blood, leucorrhœa, abundant expectoration, from nursing, etc. Also bad effects from abuse of quinine or mercury. Great lassitude; tremulousness; general physical depression; attacks of sudden weakness. Icy coldness of the body with cold breath, cold legs and knees; bluish countenance, with desire for air—want the windows opened; wish to be fanned, because fanning brings more air to the lungs. General, complete collapse of the vital forces from any protracted physical or nervous strain. We may more briefly condense its leading indications as follows:

*a.* The sense of weight, as in the head (occiput), eyes and eyelids, before the ears, in the stomach, and elsewhere in the body;

*b.* Putrid (septic) condition of all its affections, coupled with a burning sensation;

*c.* Coldness of surface of the body, especially legs and knees;

*d.* Foul and offensive odor of all its discharges, from any part of the body, including flatus and breath;

*e.* Quantities of flatulence (distention of stomach, abdomen, etc.);

*f.* Venous congestion or sluggish circulation of the veins.

Drawing to a still finer point, we come to the symptoms of its greatest sphere of use—those indicating *collapse*! Here our remedy plays the rôle of Life-saver—and it is at this very point that all too often the faint-hearted or the ignorant follower of Hahnemann, turning his back on the art he professes to practice; deserting the standard under which he is enlisted; distrusting the principle by which he assumes to be guided, flies to the hypodermic syringe,—to mechanical measures and mechanically-acting drugs, utterly oblivious of the fact that the curative principle of *similia similibus* is just as potent in one condition of diseased life as in another; that the *similimum* remedy will, according to the laws of nature, more promptly, more potently and more permanently re-establish an equilibrium of health than any other known means. Very truly and very forcibly has this matter been recently laid before us in a most excellent paper, by Dr. Charles Mohr, entitled “Heart Remedies”\*

“It is amazing,” says Dr. Mohr, “how often heart remedies are brought into requisition when they are not needed, and, worse still, when they are capable of doing positive harm.” Substitute the word “collapse” for “heart” and we have a truth applicable to our case. We could with profit quote extensively from this admirable paper, but I refer to its teaching, which so clearly shows the ability of homœopathy to cope with critical heart cases unaided (*unhampered* is the proper word) by any mechanical measures or mischief-making drugs. I have seen sick people in such complete collapse that an attempt to avert death seemed useless and hopeless, when, after a few doses of *carbo vegetabilis*, the symptoms so changed that to the *pulseless wrist* came a slight flickering that heralded the reawakening heart-beat, which gradually grew strong and steady; the *cold breath* became warm with renewed animation; the *chilled, bluish surface of the body* brightened into the glow of returning life; no more *fanning was desired*, because the respiration became easy and natural; *unconsciousness* gave place to intelligent consciousness, which gladdened the saddened relatives with loving looks and smiles of recognition—in short, death was stayed while the vital forces were stimulated into action by the restorative influence of *carbo vegetabilis*.

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\* HAHNEMANNIAN MONTHLY, September, 1902.



Our *Materia Medica* is, of course, too rich to be held to only one remedy; and, besides the *carbo veg.* type, we have other conditions of collapse in which camphor, or *veratrum album*, or china, or arsenicum, or some other remedy, may be called for. So, because *carbo veg.* does not always resuscitate a dying loved one from a dangerous collapse, we must not conclude that our remedy is of no use. I am speaking now of only that kind of collapse which, by its distinctive symptoms, calls for *carbo veg.*

Born and brought up under the influence of homœopathy, I was contemporary with and a witness for over twenty years of its administration, marvellous success and miraculous cures, under such masters as Hering, Lippe, Raue, Dunham, H. N. Guernsey, and others who, in precept and practice, prescribed true to paragraph 6 of Hahnemann's *Organon*, "For the physician, the totality of the symptoms alone constitutes the disease." It was the observance of and obedience to this law more than to any other taught by Hahnemann, that produced the greatest healers the world has ever seen! My words are not extravagant, but are literally true. No other system of therapeutics or art of prescribing for the sick has shown or can show such good results as the "symptom coverers" who study and strive to find the *similimum* remedy for every case of illness.

"But," you will exclaim, "is not this manner of prescribing, *i.e.*, the studying of symptoms, hard work and slow work? Is it not *too* hard and *too* slow a method for the busy practitioner to follow?"

"Yes," I reply, "it is hard and it is slow, *at first!* But so it is hard work and slow work for a baby to learn to talk and to walk; and yet these very babies, slow in their learning to talk, may become, by practice, most ready speakers; slow and painstaking in their learning to walk, they have, in only a few short years, become world champion sprinters!"

Did you ever try to learn music? Have you studied and studied to learn the notes, so that you could read them? Have you practiced your scales, major and minor, until in the not distant future the day came when you could play off at sight any piece of music placed before you? Just so with *Materia Medica*. It does take time and close application to learn the symptoma-

tology of a drug, but the time is well spent; for the more you become familiar with it, the more readily and the more accurately you can apply it.

I have but one word in closing. It has recently been said to me, by some physicians holding high places in our ranks, "Homœopathy is no longer an issue. She has filled the mission for which she was created, has accomplished the work it was given her to do, and now, as a distinctive entity, has ceased to exist!" God save us! Homœopathy has ceased to exist! Have the tides ceased to flood and ebb? Has the sun ceased to rise and set? Has the earth ceased to revolve upon its axis? Have any of Nature's laws ceased to exist? Since the day when the law of similars was recognized, its existence has not ceased—has not even weakened. It is as true and as necessary now as ever it was, because, like the law of gravitation or the law of centrifugal force, it is a law of Nature, and therefore must live and *distinctively* act as such.

By a strict adherence to its principles in our daily practice, relying upon it in all our cases no matter how desperate, we will become so intimately acquainted with it that in wonder and reverence, when we behold the *depth* of its penetration, the *breadth* of its application, and the *height* of its power in the curative domain of medicine,—we will be forced to exclaim, "Great is Homœopathy, and Hahnemann is its prophet!"

#### DISCUSSION.

DR. CHARLES MOHR: I have been particularly impressed by the reference to *carbo vegetabilis* as a life-saver in conditions of collapse. So far as homœopathy is concerned, the collapse occurring in severe diseases may be likened to the shock of accidents or of severe surgical operations. There is failure of circulation and of respiration, or a general depression of the vital functions due to lowered blood-pressure, and the necessary stimulus may be well supplied by homœopathic remedies. To the student of Hahnemann there is nothing strange in the advocacy of *carbo vegetabilis* when *potentized*. This substance is frequently spoken of as being inert. Is it? A lump of charcoal may be so, comparatively. But even in that crude form it acts as a purifier and a deodorizer, and is not, therefore, strictly speaking, inert. Charcoal, powdered finely, exerts still more

power, and all schools of medicine admit that it exercises a beneficial effect in gastric and intestinal disorders where flatulence and putridity are to be overcome. In this powdered form it is not inert. Further, the homœopathic practitioner has learned to accomplish readily, with triturations of the 1x, 2x or 3x preparations, what is accomplished by the allopathic practitioner with teaspoonful doses of wood-charcoal freshly prepared and finely powdered. Administered in the latter form for tympanites in typhoid fever, it has caused intestinal hæmorrhage; and were this not the case, say old-school authorities, "it would be found one of the best internal remedies for the fœtor of the stools in that disease." (See "Stillè-Maisch-Caspari's National Dispensatory.") This is a frank admission that *carbo vegetabilis* is not inert, and Hahnemann and his followers have learned to employ the higher potencies (6x trituration to 30 dilution) as a veritable life-saver in the collapse of typhoid fever due to hæmorrhage, as well as in other grave diseases, when the powers of life are waning and a fatal collapse is impending. We know its value in these conditions, but it must be administered in the minutely subdivided particles of the higher triturations.

I have never had an opportunity to treat shock after a severe accident, with loss of blood, or surgical shock after severe operations, and so what I say may seem presumptuous; yet from my study and observation of cases in the hands of our surgeons, and from such information as I can obtain from the literature of shock, I am bold to say that I believe many a life would be saved were the surgeon assisted in his operative and mechanical measures by a real good homœopathic prescriber, who understands drug-action and has learned the art of prescribing potentized agents skillfully. My study of drug-action, and such knowledge of the pathology of primary or secondary shock as I have been able to obtain, convinces me that it is worse than useless to rely on such an agent as strychnine to combat shock as I understand it. Indeed, some old-school surgeons say the therapeutic value of strychnine in the treatment of shock is doubtful,—Contejean explaining this by the fact that in animals in a state of shock the spinal cord is anæmic and not supplied with sufficient blood to convey the remedy (strychnine) to the centre of innervation. (See article by Nicholas Senn



in the July, '99, number of the *St. Louis Courier of Medicine*.) And when I read that  $\frac{1}{4}$ -grain of strychnine was followed by immediate recovery in a case of severe shock, but that death took place nine hours later, I fail to see any justification for its employment. (See *British Medical Journal*, Nov. 25, 1899.)

Dr. Guernsey deserves the thanks of the profession for calling attention anew to the uses to which *carbo vegetabilis* can be put, and he has given the specific indications in diseases requiring careful prescribing to insure recovery. Homœopaths very frequently resort to cinchona and arnica in serious conditions due to loss of blood or contusion of the sensory nerves, and their indications are well known; but there are other remedies to be differentiated; and whether the conditions of evil import are the result of disease, accident or operation, if the symptoms indicate, the remedy will be the same whatever the cause. Permit me to call attention to a few, worthy of careful consideration:

*Aconite*.—Shock from fright; restlessness from anxiety or fear of death; thready but tense pulse; arterial hæmorrhage; chilliness when uncovering; fever of reaction, if high.

*Arsenicum*.—Collapse or shock with dry skin, though cold and livid; pulse thready; thirst for water constant, but drinks little at one time, otherwise would vomit it; cannot bear the least cold air.

*Nux Vomica*.—Shock, with cold sweat, anguish, and dread of least motion or of uncovering.

*Phosphorus*.—Almost lifeless from shock or collapse; only occasional convulsive muscular movements; thirst, but vomits water as soon as warmed in stomach; greenish vomit; cadaverous face.

*Secale*.—Great prostration; pulse small and slow; moans a great deal; thirst for acid drinks; wants to be uncovered, cannot bear heat.

*Tabacum*.—Deathly nausea as result of shock to nervous centres; body cold, especially legs; cold sweat; pulse irregular, slow and feeble.

*Veratrum Album*.—Aggravated cases. Maniacal furor suddenly develops; thready pulse; hiccoughs; abdomen feels cold; chilliness induced by drinking water, though the thirst for cold water is great.

AUG. KORNDORFER: I have listened with much interest to Dr. Guernsey's paper, fully appreciating the fact that in *carbo vegetabilis* we possess a most efficient therapeutic agent. I also desire to emphasize the thought that our *Materia Medica* (this most important branch of a physician's education) will richly repay a more thorough study.

The process of prescribing is, at first, both difficult and slow; but as one's knowledge of drug pathogenesis increases, differentiation will more readily be made, and, as a result, rapidity combined with accuracy may be attained.

Dr. Hering used to tell the following story of Stapf, who was noted for his care in recording symptoms, as illustrative of this: "After a meeting of the local medical society, one of the members, whose daughter was dangerously ill, requested Stapf to accompany him home for the purpose of prescribing for her. Some of the younger members, learning of this, determined also to go, one saying, 'Let us go along and see the old man write down every symptom while the poor girl lies there, possibly dying.' They reached the house, entered the sick chamber, Stapf tiptoed to the bedside, gazed intently upon the patient, turned to the father and asked: 'Have you given *cantharis*?' 'No,' was the answer. 'Then give it,' said Stapf, and quietly tiptoed his way out. Not another word was uttered." The face,—that pale, ashen face, expressive of intense suffering,—revealed to him a perfect picture of the needed remedy, and the result fully confirmed his choice.

Painstaking and slow he usually was, when time permitted; but thereby he had acquired a knowledge of the *Materia Medica* that made possible unerring immediate action when emergency arose. To accomplish similar results we, too, must *know* our remedies.

*Carbo veg.* has indeed a wide and useful field of action, of which the doctor has presented an excellent picture. One characteristic head-symptom I should like to add, namely, "Headache from pressure of the hat." This symptom quite frequently yields to *carbo veg.* Aggravation from pressure is also observed in the region of the liver, which "is painful even to the touch." Such single characteristics must not, however, lead us astray. Other remedies should be compared; thus, with the headache referred to, *silic.*, *nitr. ac.* and *valerian* are worthy of careful comparison, while in the sensitiveness to pressure in

the region of the liver and of the abdomen we immediately should think of lachesis, lycopodium, kreosotum, amm. carb., silicea, hepar, and others.

Laryngeal, bronchial and pulmonary diseased states afford frequent indications for the carbo veg. They are characterized by hoarseness which is worse in the evening (causticum, in the morning). Spasmodic cough with muco-purulent offensive expectoration. Dyspnœa. Stitching pains in the chest, usually worse on the left side. Burning in chest, especially under the sternum. Symptoms are aggravated from cold weather and from dampness.

In influenza, after bryonia has removed the intense pains and fever, carbo veg. often completes the cure and averts that distressing prostration so frequently a sequence upon the non-homœopathic treatment of this affection. This remedy is so rich in suggestive thought that much more might be said, but time forbids.

DR. JNO. J. TULLER: The discussion of the values of carbo vegetabilis as a remedial agent includes, in a certain way, all those drugs or medicaments which are inert and must be potentized to bring out their curative value.

In the last few years the medical scientific world has been engaged in the study of the individual cell-life—too busy, in fact, in searching out the structural tissues composing the cell and its manner of assimilating nutrition for its preservation to be able to devote time to the curative agents acting on the cell. When the time arrives that the cell and its contents are thoroughly understood, and the changes, both normal and pathological, have been learned, then will come the development of the curative agents, and homœopathy, from its very basic principle, will bring the doubters back with a sweep. In a general way, when we appreciate that each individual cell holds within itself a stroma and a protoplasmic substance, each standing in a definite relation to the other, and that this relationship must be exact chemically and vitally; that the least disturbance of this equilibrium must be followed by peripheral demonstration of disease; that the disturbance of this equilibrium means interruption or perversion of nutrition, then we realize how the law of homœopathy acts in re-establishing the normal relationship between these elements. As the blood, bearing every element



necessary to the healthy life of a cell, passes through the body, each individual cell, by its own metabolic action, selects that nutrient substance that is peculiar to it. There must be, then, an harmonious relationship, not only between the contents of the cell, but between the cell and the nutrient fluid passing it. A disturbance of this harmony means disease, and the disease is manifested by the peculiar groups of symptoms appearing on the surface of the body produced by the different cell-groups, and these manifestations have their correspondence in the provings of homœopathy.

Auto-intoxication, such as is produced by disturbance of the alimentary canal, as indigestion, constipation, etc., inactivity of the kidneys, of the sweat-glands, of the respiratory organs, etc., all have a strong action on the disturbances of cell-life and in the harmonious relationship between the cell and the blood. The true curative remedy is the one element that can enter into the blood and re-establish the specific relationship between the blood and the cell.

Again, the microscopic study of the structures of the body discloses to us the fact all the body-tissues are made up of cells, and that these cells take form and character according to their function; that within these cells we find a nucleus; that the raising of the magnifying power discloses again a cell within the nucleus, the nucleolus; increasing the magnification, discloses a cell within the nucleolus; three cells within the parent cell, each cell more minute than the other. The reason, undoubtedly, that we have not found more cells within these cells is that we have not the means of further magnification. This cell-division may be as unlimited as the physical division of matter. When we realize that physical health depends upon the absolutely harmonious relationship not only between the contents of the mother-cell and the blood, but between all these nuclei and the cell, then we realize that not only must we have the proper medicament to re-establish this relationship, but, in order to reach these higher centres, the substance must be divided and subdivided; and, since friction develops power, potentization is our only means of developing a remedy for these higher nuclei. Then *carbo vegetabilis*, as well as the other so-called inert substances in our *materia medica*, will become powerful factors in our therapeutics.

## HYDROTHERAPY IN DISEASES OF CHILDREN.

BY J. NICHOLAS MITCHELL, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homœopathic Medical Society.)

I do not propose to write an exhaustive essay on this subject, preferring to refer any one to the text-books for explanations as to the different methods referred to, as well also for the indications for their different uses. The special object I have in mind in considering this subject this evening is that, by calling attention to the use of hydrotherapeutics in some cases where it has proved of great value in my own experience, it may provoke a discussion of this subject which, by eliciting the experiences of others, may be of mutual benefit.

That which has especially induced me to choose this subject has been the fact that I have been led by my intercourse with other practitioners to believe that it is a therapeutic measure which is overlooked more than it should be.

During the last decade, since the frequent epidemics of gripe in this city, I suppose all physicians have had a greater number of catarrhal troubles to treat than ever before, and have had to contend with a greater number of children inclined to "take cold." After a large experience with this trouble, and a considerable study of the best methods of curing such patients, I began to try the so-called hardening methods by the use of cool or cold baths, and with such success as to make me now follow it as a routine matter. It has seemed to me as though mothers have erred in their care of their infants and children in using too warm baths, and also by clothing them too warmly. I have therefore advised that after the warm cleansing bath the water should be gradually cooled, and just at the end of the bath still cooler water should be poured over the trunk of the child, which is then quickly taken from the bath and dried by vigorous friction with a dry towel. Of course the temperature of the water should be graded according to the age of the child. In infants a month old the bath may be given at 90° F., while the water poured over the trunk may be 75° F., while with older children the effusion alone may be practiced each morn-

ing of water, say, that has been standing in a room for several hours.

By following this method I have seen such a general invigorating improvement in the circulation and respiration that fewer colds were complained of.

In typhoid fever I have had my most marked results, and, according to my experience, tubbing is oftener useful than in adults, since it is so much easier to lift a child in and out of the bath with but little exertion or excitement.

While typhoid fever in children is, as a rule, a much milder disease than in adults, yet now and then we encounter a persistent high temperature; and although it is rare to meet with the high grade of nervous symptoms that are so frequently encountered in adult cases, yet we meet with such cases often enough to make us glad to find a mild means of controlling such symptoms. I use the term "mild means" in opposition to the use of drug measures that are, or at least have been, recommended as antipyretics, and which are not homœopathic remedies, but oftener destructive to the action of the truly indicated remedies, as well also as being depressant to the action of the heart.

In children I have always used the graduated bath, beginning with a temperature of 100° F., immersing the patient up to the upper part of the chest, while an ice-bag in older children and a cloth wet with cold water in infants is applied to the head. While the child is in the water I have the nurse constantly rub all parts of the body but the abdomen, and gradually reduce the temperature of the water, while keeping a careful watch for any marked cyanotic symptoms. In infants the bath should not be so long nor the temperature of the water reduced so much as in older children, say in infants, to 85° F., with a ten to fifteen minutes bath; while in older children, where the type of the fever is apt to simulate that of the adult, the temperature may be reduced to 75° F. and the time of immersion be longer. A thermometer should be kept in the bath all the time, and also the temperature of the child taken to note the effect of the bath, as it is not desirable to produce too great a fall of temperature. The child is then quickly lifted from the bath on to a warm blanket, over which is laid a sheet, by means of which the nurse dries the patient by continued



friction; after which it is placed between the sheets in bed, with a hot-water bag to its feet; and frequently brandy or whiskey is indicated, the size of the dose varying with the age of the child.

In children, the bath is indicated as much, if not more, for the nervous symptoms as for the high temperature.

After such a bath the child, which has been sleepless, irritable, peevish, and even twitching, will, as far as my experience goes, quiet down, and go to sleep for an hour or more quietly, so that I make it a rule in such cases not alone to depend upon the high temperature as an indication for the bath, but to use it whenever these symptoms are noted. In the height of the disease I have given as many as eight baths a day to a child of 11 years of age.

As bronchitis is a frequent symptom accompanying typhoid fever, and as pneumonia also occurs in not a few cases, the question is often asked by anxious parents whether bathing is not a dangerous thing; but I am convinced from my experience that it is all the more indicated, as respiration is always improved after the bath and hypostasis effectually overcome.

The temperature should always be noted in half an hour after the bath, as often the most marked effect of radiation from the skin is noticeable in that time.

In a case seen recently with Dr. L. W. Reading, a little girl of eleven years of age had a very severe type of the fever, with a temperature running between 105° and 106° F., and with marked nervous symptoms. The case was complicated with a broncho-pneumonia of a severe type. Forty baths in all were given in this case, with marked benefit, after each bath, in temperature, nervous symptoms, and respiration; and, as it seemed to us, the indicated remedy in the case showed also its action better. One of the symptoms in her case which showed the marked beneficial radiating effect of the baths was that, whereas the surface-temperature was frequently quite low, so that the extremities and even the body felt cold when the thermometer in the mouth would register 105° F., yet one-half hour after the bath, when the mouth-temperature would be reduced to 101° F., the body and legs would feel warm.

Besides the ice-bag to the head, I have for a long time used an ice-bag to the abdomen, in older children, in cases of typhoid

fever, with marked distention or sensitiveness. In measles I have added to the usual warm drinks, so frequently used, warm baths at a temperature of 90° F. when the rash was slow in developing and the nervous symptoms were marked, and in one case where the temperature in the rectum registered 106° F. I had the bath-temperature reduced to 70° F., with marked benefit to the little patient.

In meningitis, baths at 90°–100° F., with cold cloths to the head, are of great benefit.

In ileo-colitis we see the greatest benefit from the use of high injections of normal salt solutions. These injections are useful for two purposes: for the washing out of the bowel-retained faecal matter and mucus, thereby ridding the patient of toxic matter, while at the same time giving ease from the urging and straining, and in case of high fever reducing the temperature. In the latter case the temperature of the water should be 75° F., while in the former it should be between 90° and 100° F.

These injections are best indicated in cases where the movements from the bowels are infrequent, or, if frequent, scanty in quantity. The catheter should be introduced into the rectum while the water is running through it from a fountain-syringe, so as to avoid taking air into the rectum, and also because, by the pressure of water distending the bowel, the catheter can be introduced so much further with ease, and without injury to the mucous membrane.

In all cases where an infant is suffering from indigestion, with retching and vomiting which persists, washing out of the stomach is indicated.

One of the most satisfactory results from hydrotherapy that I have ever seen has been in cases of collapse in children who had been suffering for some time from an exhausting diarrhoea, or where the bowel discharges have been abruptly stopped, suppression of urine has occurred, and symptoms of brain trouble begin to show—the so-called hydrocephaloid.

In one case which I recently saw of this character, the bowel discharges had been suppressed by drugs, the temperature increased rapidly, the kidneys ceased to act, the child was sleepless for an entire day, lying with lips half closed, and rolling its head from side to side; it could no longer take any food,

and from the appearance it seemed as though death was imminent. A tepid bath was first given, but without benefit, and then the tube of the fountain-syringe was attached to a hypodermic needle and a normal salt solution was allowed to flow under the skin, the needle being introduced below the left breast. After a few ounces were allowed to flow in, a good result was obtained; the child became less restless and ceased to roll the head, and within two hours' time urinated; several more ounces of the normal salt solution were introduced again later, with the result of so stimulating the kidneys as to have free action, and with this began the reaction which resulted finally in the cure.

An interesting question may be asked about such cases. Does the improvement come from the increased forced action of the kidneys alone, or does the dilution of the blood aid in the cure?

I need not refer to the use of warm baths in convulsions, nor to a number of similar everyday uses of hydrotherapeutics, and will close by suggesting that, since infants are very prone to high fevers from slight causes, as well as from indigestions, either stomachic or intestinal, it is a good rule in all fevers to order a cool or graduated bath, or, at least, a cold syringing, and that often this will reduce the fever and quiet the nervousness of the child, and be all the treatment needed. And should there be fairly good evidence that the disturbance is brought about by undigested matter in the stomach or in the intestines, the first indicated measure is to wash such substance out.

#### DISCUSSION.

DR. WM. W. VAN BAUN: The value of a paper of this character rests in the fact that it is a frank expression of the experience of a carefully trained and finished observer, and it presents endless opportunity for discussion.

Of all the measures furnished by hydrotherapy, the bath is the most successful antipyretic agent at our command. It cleanses. It equalizes the circulation. It reduces the temperature, and it quiets nervous irritation. Its value is due to a combined stimulating and sedative effect upon the central nervous system, produced indirectly by the impression made upon the peripheral nerves; to its abstraction of heat from the surface; and to



its tonic effect upon the vascular and nervous systems, resulting in a diminution of heat production. The character of the bath must depend upon the individual factor—the patient's peculiarities. It is well to emphasize the fact already dwelt upon that fever alone is not sufficient to warrant the introduction of hydrotherapeutic measures, for experience has long since taught all of us that the temperature of children will run higher than in adults in corresponding conditions, and that it does not carry the same relative significance. When the temperature remains high, and fails to respond in a reasonable time to the indicated remedy, no matter what the diagnosis may be, something must be done to remove the hyperpyrexia, and water, as an adjuvant, will render splendid service.

In the diseases of children, in ordinary conditions of fever, with general malaise, restlessness and nervousness, sponging the face, trunk and limbs, ten to twenty minutes, with warm water, 95° F., will accomplish all that is necessary, reducing the temperature and producing quiet, refreshing sleep. A more powerful and longer-lasting, but less agreeable, bath to the patient may be given at 80° F.

In sthenic cases, with excessive temperature, a more profound effect is demanded, no matter what the conditions may be—measles, pneumonia, typhoid fever, ileo-colitis, etc. Here the graduate immersion bath can be used with advantage. The power of the bath is greater from immersion than from sponging. The shock is greater, as is also the subsequent reaction. These baths are to be discontinued as soon as the rectal temperature registers 100° F., or immediately, if shivering or blueness of the nose and extremities supervene.

If with high fever there is a markedly disturbed circulation, with hot head, pale face, oppressed breathing, cold extremities, feeble pulse, cyanosis, and profound nervous symptoms, the call is for hot water, 105° to 120° F., with cold to the head and chest; or a hot pack, with ice to the head and moderate stimulation, is to be used.

With watchful care and the exercise of good judgment, water will carry a patient over many a crisis of appalling magnitude.

Should the cold graduated bath, carefully administered, fail to produce results in cases as cited—as it sometimes will—the tepid or hot bath should be tried before water is abandoned.

In infancy, the so-called hardening process is to be approached cautiously—sometimes it is successful; more often it is not. After the first dentition the daily morning cool sponge can be used, as a rule, successfully, especially in children given to colds and catarrhal conditions in general, and they are usually rendered less susceptible. The plunge bath should be interdicted.

DR. RAUE: I think the Society is very much indebted to Dr. Mitchell for his most interesting and practical paper; besides, he has brought before our notice a subject of which there is not as much made as it merits. I have been particularly interested in the doctor's remarks upon typhoid fever. A common error, which has, I believe, done much to make the bath treatment unpopular, is to look upon it as merely a means of forcibly reducing temperature. We do not, however, immerse a patient with a temperature of 104° F. into a bath of 70° F., and expect the cold water to reduce the temperature by merely abstracting the heat from the body. The chief action of the cold bath is a stimulation of the vaso-motor nerves, bringing about a primary contraction of the cutaneous blood-vessels, which is followed by a tonic dilatation and increased cutaneous circulation. In this way the heated blood from the internal organs is cooled off on the body-surface, and, the tone to the blood-vessels being restored, the heart is relieved of the over-work incident to vaso-motor paresis, and cardiac failure is averted.

The indications for the application of the various hydrotherapeutic measures are just as distinct as the indications for a remedy, and I think we do not pay close enough attention to the accurate selection of the same. The cold bath is not always practicable, and unless given early, and unless the heart is strong enough to react, it may do considerable harm. In cases where abdominal symptoms are pronounced, and there is danger of hæmorrhage and perforation, the ice-bag applied over the abdomen is the best form of treatment, baths being contra-indicated. Again, I have seen cases in which toxæmia was the predominating condition, where baths did little good, and in which the use of high rectal injections of water at 80° and 90° F. not only reduced the temperature, but, by eliminating the toxins, gave speedy relief of dangerous symptoms.

In conclusion, I would say that those of us who have had considerable experience in the treatment of typhoid fever in children must agree with Dr. Mitchell that hydrotherapy is one of the most important therapeutic measures in the treatment of this disease.

DR. JOHN L. REDMAN: It has been a pleasure to me to listen to Dr. Mitchell's excellent paper, and especially the first part, where he refers to the use of cold water in the bathing of children. It may seem rather severe to many that have not tried it, to take an infant, say of two or three months old, put it in a warm bath, and finish with one considerably cooler. But there is no reason why a healthy infant should not be stimulated the same as a healthy adult, and I think this is only in line with the open-air treatment of consumptives. It may seem very severe to the uninitiated to allow a patient suffering with tuberculosis of the lungs to sleep virtually in the open air, having the windows wide open and allowing snow or elements to drive in at will, but to my mind there is no doubt but what they are beneficial. The remainder of Dr. Mitchell's paper treats more closely of the use of water as a therapeutic measure. Here the same indications are to be used as in the case of an adult, any more than we must remember the old adage Dr. Bigler is so fond of telling us: that in the child the heat-controlling centre is not so mature or stable in its development as in the adult. Therefore, it is easier to send the temperature up or down. As you all know, a simple tonsillitis in a child will cause a temperature of  $104^{\circ}$  or  $105^{\circ}$  F., when a disease of the same severity in an adult will take the temperature only to  $101^{\circ}$ , perhaps. For this reason we must not place too much stress on the temperature alone, or be too much alarmed over a high temperature. In typhoid fever my plan is the same as in adults. In these cases I put the ice-bag on either the head or abdomen when the temperature reaches  $101^{\circ}$  F., and give an ice sponge-bath when it is  $102.5^{\circ}$  F. or over. I use the same procedure in a child, only, perhaps, making my limits a little higher, and taking into consideration, also, the co-existing nervous elements.



## THE THERAPEUTIC RESULT.

BY WESTON D. BAYLEY, M.D., PHILADELPHIA.

(Read before the Oxford Medical Club, Philadelphia, Pa.)

IN these days of careful research and exact analysis, it is fitting that we occasionally subject some of our stock-in-hand views to an unbiased and critical examination. Some of these are apt to survive in our minds as a concept or "general principle," even after accumulating knowledge has indicated possible new lights on the subject in hand; evidence, perhaps, which should modify certain views, even if it does not completely alter them. It is sometimes difficult for us to revise habitual beliefs, and, where these are of long standing (unless the mind has been trained to a scientific agnosticism), well-nigh impossible. Charles Richet has well said that "The real world which surrounds us, with its prejudices, well- or ill-founded, its scheme of habitual opinions, holds us in so strong a grasp that we can scarcely free ourselves completely. Certainty does not follow on demonstration; it follows on habit." That is, habit of belief may survive the accumulation of facts which bring these same beliefs under serious question.

We doctors, particularly of the homœopathic school, for whom I write, are so apt to complacently say (and believe, too) that we have cured such and such cases. This conviction comes to us from two sources: we have been taught it by our elders (perhaps in college), whom we venerated; and we have seemingly observed it in our own experience.

What foundations for belief would appear more trustworthy than these? But let us critically examine the facts.

It must be admitted that the greater number of ills which the flesh is heir to are self-limiting; that is, under proper general management,—as rest in bed, dieting and nursing, even less rigorous care,—will be recovered from anyhow. The vast majority of our ordinary routine cases recover under the most varied therapeutic treatment, even from practitioners of the same school. This observation, which, I believe, none will question, is of great significance, in that it informs us that Na-

ture, by her resilient processes in the living organism, is a great, if not the greatest physician. Perhaps her merits are not sufficiently recognized, because she works according to her own hidden plan, and so unostentatiously!

In analytically estimating our own part in a so-called cure, do we take sufficient cognizance of this kindly though significant circumstance?

Indeed, we should establish a separate nomenclature for the two kinds of results; when Nature restores, we should call it a recovery; when our art restores, we only may call it a cure!

Strictly and impartially regarding this differentiation, are we not compelled to admit, after all, that most therapeutic effort is only an adjunct to the manifest operations of Dame Nature?

With better knowledge of diagnosis and the natural history of disease our standards of evidence have changed, and with them the old statistical data is vitiated.

One of the established facts of psychology and psychical research,—so subtle, withal, as to require the most careful inquiry to determine its full significance,—is that of the influence of what is called “suggestion” in the determination of our mental and physical states. Suggestion, even unconscious suggestion, has been shown to be such a potent influence in determining mental and physical alterations as to compel us to inquire as to its possible influence in two different directions—first, with reference to its having influenced and vitiated many of our accepted “provings” of drugs; and, second, with reference to the potency of the physician’s mannerism—the “personal equation” over the influence of disease.

Most of our drugs were proven before the possible effects of constrained attention and unconscious suggestion were taken cognizance of, and the due recognition of this fact will cast much doubt as to the genuineness of many of the subjective sensations which find place in our “symptomatology.”

Again must be reckoned the subtle though no less real effect of the mannerism, the *personnel*, of the physician on the patient. This is “suggestion” direct, even though it be unconscious, since it is a well-known fact that a doctor’s financial success depends more upon his personal qualifications than his professional attainments. A confident mannerism on the part of the physician is often the real medicine, which does not

come in a bottle, while the sham remedy, prescribed upon more or less equivocal indications, is being administered a teaspoonful every hour!

Do we not all of us, at least tacitly, realize this? The homœopathic practitioner of to-day is claiming a better average of result than that obtained by his modern allopathic colleague. How does he really know this? Are there any reliable general statistics, not open to question, of recent comparison? The early homœopaths held this view with some reason, for any milder system, even to donothingism, was a distinct improvement on the crude empiricism of regular practice in those days. May it not be that our feeling of superiority is a survival, inherited by us, without scrutiny and revision, from our ancestors?

The well-informed allopathic practitioner of the present day is not the haphazard prescriber which his predecessor was; and if comparison is now to be made, we must reckon with entirely different material. Careful study of the natural history of disease, the adoption and use without credit of standard homœopathic medicines, increased information as to the physiological effects of drugs, together with improved pharmacological methods and certain empirical observations of great value regarding drug action, all these have made of our up-to-date old-school colleague a rival swift in the race. If our desire for the exact truth exceeds all merely partisan considerations, we will reflect over these matters, and with unhesitating candor give full credit where credit is due. Half of the antagonism of the dominant school toward present day homœopaths, I take it, is a result of our ungraceful utilization of methods, which are distinctly their own. To this it may be replied that, on the other hand, the old-school is everlastingly taking our homœopathic nest-eggs, and assiduously hatching them in their own therapeutic incubator. Yet the great majority of old-school practitioners are not aware that this is done by their *materia medica* compilers, and are thus ignorant of the fact that a good deal of their therapeutics is derived from homœopathic and eclectic sources; while, on the contrary, the up-to-date homœopathic practitioner has the advantage of an equal acquaintance with old-school literature, and is thereby in a position to promptly detect these plagiarisms. The ignorance of the allopath is thus really his excuse!



The real reason that certain empiric methods of the old school have found extensive place in our practice is simply because the clinical experience of those competent to observe has shown these methods to be productive of better results than the ones we had been in the habit of employing. As examples of this I would cite the use of antitoxin in diphtheria, of iodide of potash in syphilitic products, and of quinine in intermittent fever. On the other hand, our old-school colleagues would profit equally well if they were to become practically acquainted with the homœopathic method in those cases where their own therapeutics are useless, or even harmful,—as, for instance, typhoid fever, acute intestinal diseases, and most of the chronic affections wherein their methods are haphazard and blundering.

The several “schools” of medical practice are mutually indebted to one another, and have yet much valuable information to interchange, and the sooner these childish, undignified and unbecoming dissensions are wiped out and obliterated the better! The first great step in this direction will be a general recognition of the fact that in all schools of medicine there are cultured, self-sacrificing gentlemen who are earnestly seeking, with the best light they have, to do the very utmost to relieve the sufferings and prolong the lives of their fellow men! Some of these practitioners have become estranged among themselves through misunderstandings, jealousy and extraneous influences; but our poor puny lives are too short, and the results of even the best medical practice of to-day too humiliating, to admit of a permanent division in the ranks. If the medical army has been divided up, it has been to accomplish otherwise inaccessible purposes, and the infantry must not make slurring remarks about the cavalry, and these two together must not deride the artillery! No! for heaven’s sake! let us have mutual recognition, mutual helpfulness, and a buried hatchet!

But to return from this natural digression to the matter of recovery and cure. I have defined “recovery” as a restoration to health by Nature’s intrinsic means, aided, perhaps, by a few general hygienic conditions, like rest and diet; and a cure (that is, a therapeutic cure), as a restoration to health through the action of an extraneous something, a drug, without the administration of which recovery would not have taken place, or

else would have been imperfect or delayed. To further complicate this consideration of recovery and cure, and render still more difficult a correct estimate of the potency of drug action, we have those cases wherein a supposed "cure" is apparent but not real, as is so often instanced in appendicitis, a disease in which the surgeon sees so many of the "cured," a little later on, with a bellyful of pus! or where the pains of a pleurisy are supposed to have been removed by the administration of bryonia, when the real cause of the alleviation is the separation of the inflamed surfaces by the serous effusion which so promptly follows!

It is farthest from the writer's thoughts to in any way belittle the practice of homœopathic therapeutics, but rather is it his earnest desire to remove some of those lingering prejudices which have been passed down to us from former times, and to urge the necessity for accumulating exact and impartial data respecting the curative values of drugs, and the relative merits of different methods of treatment in a given disease. This must be based upon modern diagnostic methods. It is not enough to put down a case of Bright's disease as "cured," unless scientific urinalyses accompany the records. Again, there is much need of a careful inspection, in the light of modern knowledge, of certain terms which represent mental concepts still in some vogue in the homœopathic school; of such is the word "suppression," which one still occasionally hears in medical discussions. I well remember reading in the older literature, in my less experienced days, of the vague but terrible things which were liable to happen if, for instance, an eczema was ruthlessly "suppressed" by local treatment; or if an ague fit was to be unduly "suppressed" by a lively dose or two of quinine! Indeed, I marvelled that any one should unfeelingly disregard such subtle but potent calamities! After a time, however, I timidly began "suppressing" those cases which a seemingly indicated remedy failed to cure; the result was, that I soon began to suspect that some, at least, of these awful consequences were figments of some one's unbridled imagination.

That a remedy, selected according to the totality of the symptoms, and given in minute dosage, does, frequently, produce results of a most gratifying character, which cannot be reasonably

accounted for excepting as direct medicinal influence, is a statement which, I think, will pass unquestioned. Much more common are the cases, while still recovering under treatment, wherein the difficulties of establishing the real part which the drug has played are so complex as to render an exact estimate almost impossible. In this class it is so easy to say "I cured so and so with such and such," yet how difficult it is to prove it!

In order to determine the real therapeutic status of any drug, I hold that its apparent effects in disease must be scrutinized in the light of the following propositions:

1. The natural history of the disease in question must be thoroughly understood.
2. The possible effects of suggestion and auto-suggestion on the case in question must be adequately allowed for.
3. It must be shown that the cases recovering under the use of a certain medicine did so more speedily, or with less complication, than a series of similar cases treated under the same general conditions, but without any therapeutics whatsoever.
4. The general results of one observer must be capable of reproduction by others under similar conditions.

An ideal example of this series of conditions is the diphtheritic antitoxin. Those of us who treated diphtheria before antitoxin times have sad knowledge of its frequent fatality; and for a case of tracheotomized diphtheric croup to recover was, indeed, a clinical rarity. Such was the natural history of the disease. Now it is all different. Suggestion does not figure any more or less than it did before; it is conclusively shown that the proportion of recoveries under antitoxin, properly administered, has been vastly increased; further, the results of one observer have been reproduced by others the world over.

How much need there is for us to be modest, and to hold all opinions subject to revision! Out of the darkness and savagery of a few centuries ago mankind turned its eyes toward a feeble light! It was the real Star of Bethlehem! It was the light of exact observation and comparison. With footprints marked with toil, discouragement, opposition and bloodshed, this method has pursued a steady, though oftentimes difficult way. All human culture and accomplishment has been the outcome of this steadily unfolding plan. Were there prejudices and partisanship,



they, in time, passed into history! Was there opposition, this too, was extinguished! With increasing knowledge, the light becomes brighter. We should have learned by experience that our present brightness is relative only. Our knowledge and our methods, too, will be fleeting, and give way to those of greater excellence. Human achievement is marching on to some mysterious perfection; and, realizing this, we must not become so self-satisfied with our present status as to lose sight of the succeeding steps of an inevitable progress!

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#### MECKEL'S DIVERTICULUM—A CONTRIBUTION ON THE SAME SUBJECT.

BY CONRAD WESSELHOEFT, M.D., BOSTON, MASS.

THE very instructive article by Dr. O. S. Runnels in the August number of the *HAHNEMANNIAN* at once called up in the writer's memory a severe and trying case similar to that described by Dr. Runnels. The case here to be described occurred thirty-three years ago, more than fifteen years before the great advance in aseptic surgery. The case was one of a boy, J. B., 10 years old, who was first taken sick on December 3, 1869. Since Thanksgiving he had eaten much, and with unusual avidity, but seemed to be quite well in every way. On Sunday, November 28th, he ate a great deal of chicken, Thanksgiving having occurred on the previous Thursday in this State. Since December 3d the boy felt sick, and was first seen by the writer on December 3d and 4th. Tongue white and dry; little thirst; abdomen hard, without being tympanitic, but very tender to the touch; oral fœtor; restlessness; pulse, 95, but full; knees drawn up; anorexia at this time; no stool since December 2d, notwithstanding free enema.

Next day, and for thirteen days following, there was stercoraceous vomiting, sometimes greenish, at others brownish, but always of fœcal odor. The case was a serious one, and the issue doubtful from the beginning; and still, throughout the entire illness, there were days when convalescence seemed to be assured. Thus, on December 9th, the boy looked and felt decidedly better, with inclination to take food: he had vomited

twice, within twenty-four hours, brownish matter of fæcal odor, while his pulse was 108, small, and there was present much thirst.

On December 10th he had vomited twice, of the same character as before; but he was very hungry, and relished some spoonfuls of chicken-broth; tongue moister; slept very well that night. Abdomen was tense and tympanitic. In this way it went on till December 17th, during none of which days was the suffering intense, and at no time alarming to the parents and attendants; so that on December 16th, the day before his death, the patient appeared, on the whole, in a comfortable condition. On that date, according to notes taken at the time, the report was: Had a comfortable night; also had a sleep of two hours in the daytime; vomited three times; some abdominal pain on right ileo-cæcal region; tongue appears cleaner; appetite good; talks much about eating; broth agrees with him well.

It was one of those cases in regard to which the physician has the right to hope for a favorable termination, especially in the presence of favorable symptoms like those just stated. In popular language it would be called a case of "stoppage," and the question was repeatedly asked whether something could not be done just to start the action of the bowels. A physician, even of the writer's experience at the time, would see deeper, and review in his mind the various serious possibilities as causes of so grave a condition. Twisting, intussusception, cicatricial constriction, hernia, etc., might all occur to him, while he might not think of the rarer occurrence of a diverticulum, which, by itself, might not constitute a source of danger unless associated with some other complication. As it was, to all appearances we were dealing with a severe case of ileo-colitis and peritonitis, the end of which could only be carefully watched and treated most judiciously by homœopathic medication. There is little doubt that the comparative comfort experienced by the patient during the whole course of his disease was owing to that.

How long it is reasonable to entertain hopes of recovery in such cases it is not easy to state definitely; but the writer can positively affirm that he has seen by far the greater number of such cases, among them some apparently of much graver im-

port than the one here described, recover perfectly. Why this case did not recover will be shown by the autopsy. This was done in the forenoon of December 17th (death having occurred at 6 A.M. of the same day), in the presence of Dr. W. P. Wesselhoeft). Peritoneum and mesentery much inflamed; some serous effusion; a large portion of the ileum and colon inflamed, livid, and approaching necrosis, especially about the ileo-cæcal region; no pus cavity nor abscess. Following up the intestine from that point there appeared, about thirteen inches above the ileo-cæcal portion, a *constriction* of the ileum, reducing its calibre to less than one-half of its normal size. Just above the constriction, which appeared to be congenital, and not due to recent inflammation, there was a diverticulum about two inches long, about one-half inch at its base, and two-thirds of an inch at its widest extremity. There was no fibrous band or any connection with the umbilicus.

Both the diverticulum and the bowel above the constriction were filled for ten or twelve inches with undigested food, plainly recognizable as turkey-stuffing, mince-pie, raisins, and white meat of turkey or chicken, of which the boy had eaten inordinately at and since Thanksgiving time. The mass was unable to pass by the constriction, which seems to have caused no trouble before, not having been given so severe a test; but at this time it gave rise to obstruction and peritonitis in consequence of inflammation of the ileo-cæcal region and the parts above it. The appendix was involved, but only secondarily inflamed.

Of course the question arises as to the course a modern surgeon would have pursued under the circumstances. The moderate pain, tenderness of the ileo-cæcal region, stercoraceous vomiting and complete absence of faecal discharges downward would not have warranted the assumption of a case of ordinary appendicitis. Any physician or surgeon would have been justified in suspecting serious occlusion of the bowel from some other source which it would have been as impossible, even at the present time, to diagnosticate with any degree of certainty. The result of an operation in such a case also being uncertain, the decision as to its undertaking would probably have been left to the relatives of the patient, with the admonition, however, that an operation might give the patient his best, if not his



only, chance. But supposing this case had occurred recently, instead of more than thirty years ago, and an operation had been permitted, what would the surgeon have done under the circumstances described? Probably resection of the bowel would have been necessary, and possibly with a favorable result. But a more difficult question is that regarding the proper time for an operation. At the time when this case occurred laparotomies were not performed, and there was no other alternative except to wait. But suppose we had a patient who, like the one described, felt little pain, had some appetite, whose pulse was good the day before he died,—would longer delay have been justified under the circumstances? It seems rather obvious that in such cases an earlier operation is safer, and offers better chances for the patient than one delayed.

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### EPILEPSY: ITS ETIOLOGY, PROGNOSIS AND TREATMENT.

BY S. G. A. BROWN, M.D., SHIPPENSBURG, PA.

(Read before the Homœopathic Society of the State of Pennsylvania.)

NOTWITHSTANDING the many great strides made in the advancement of medical science, the etiology of epilepsy is still shrouded in more or less complete obscurity. Heredity, undoubtedly, is an important factor as a predisposing cause. Epileptics frequently beget epileptic children. The intermarriage of neurotic persons or relatives predisposes to the epileptic state in the offspring. Not only may epilepsy be transmitted from those thus afflicted to their children, but the hereditary tendency is also manifested by the convertibility of nervous diseases. A choreic parent may beget an epileptic child, or dissipation in one's ancestry may produce almost any form of mental or nervous trouble; hence the so-called delicate and scrofulous constitutions are more susceptible.

Most cases of epilepsy are ushered in before the twentieth year of life, and after the thirtieth year we should inquire carefully into every case presenting itself; for, although the patient may complain of headache, some dizziness, and a transitory loss of consciousness occurring rapidly, or even present a history of

several attacks of loss of consciousness which may or may not be attended by convulsions of a local or general character, the probability is we have some organic intracranial disease to contend with, and not epilepsy. Sex bears no relation, as we find the disease about equally divided between men and women.

Accidents during labor are said to have produced epilepsy, and this, with heredity, is believed by the writer to be the principal cause of the epileptic spasm. Dr. Hughlings-Jackson (London) claims that all cases of so-called idiopathic epilepsy are the result of capillary hæmorrhage in the brain. We can readily see how such capillary hæmorrhage may result in difficult cases of labor, whether the application of forceps be a necessity or not. A narrow or contracted pelvis, a large head, a firm, unyielding perinæum, the use or abuse of forceps, each or all may be conducive to a capillary hæmorrhage into the brain. These hæmorrhagic foci, never becoming properly absorbed, leave beneath the cortex very small areas of pathological tissue causing a convulsive tendency, and are evidently the cause of many cases of epilepsy. On quite a number of occasions I have seen capillary hæmorrhage into the loose cellular tissue surrounding the orbits, subsequent to a severe epileptic fit, and I have no doubt a similar condition might have been found in the brain itself.

However, according to the views of Dr. C. T. Hood, of Chicago, there are other causative factors. He says: "Normal function produces physiological hyperæmia. Normal physiological hyperæmia and pathological hyperæmia depend upon vaso-motor nerves. If the normal physiological hyperæmia in higher centres be temporarily suspended or decreased, temporary loss, partial or complete, of the higher functions will follow. If the normal physiological hyperæmia of the motor centres of the brain be temporarily increased, increased function, more or less, will follow. This results in congestion of some centres of the brain and anæmia of other centres from the irregular action of the vaso-motor nerves." Consequently he argues that in our post-mortems the knife and microscope are not enough, but that a chemical analysis of the blood and nerve-cells should be made. He asks if a single case of epilepsy can be recalled in which there existed perfect elimination. I must confess I cannot recall a case in which there did

not exist constipation, and where the excretory functions of the skin and kidneys have not been affected.

This brings us to the subject of reflexes. Irritations incident to eye-strain, to dental complications, to adhesions of the prepuce or clitoral hood, to uterine or ovarian embarrassment, will undoubtedly produce a waste of life energy. While errors of refraction are no longer regarded seriously by some authorities as a predisposing influence, yet it must be admitted that a correction of the same has often resulted in alleviating the sufferings of the victim, while it may not have overcome the epileptic habit. Certain drugs have caused epilepsy. The writer has a case now, who at the age 22 consulted an oculist, who used a mydriatic (presumably atropine), the result being that the lady had a convulsion within one hour from the time of the instillation of the drug, notwithstanding she was apparently well previous to that time. This occurred eight years ago, and she has contracted the epileptic habit. Another case under my care at present, a child, developed epilepsy after having a powerful vermifuge administered by an old-school physician.

Orificial irritation in the way of adhesions of the prepuce or hood of the clitoris, pathological conditions of the rectum, sigmoid or uterus, can produce and have produced epilepsy. "Functional derangement is the first step of organic affections; all bodily functions are presided over by the great nerve of animal life . . . the sympathetic" (Dr. Pratt). Organic lesions, as a result, weaken the sympathetic nerve-force, effecting nutritive changes in any part of the body. By re-establishing reactive nerve-power we flush the entire capillary system, and thus probably produce absorption of the hæmorrhagic foci existing in the cortex of the brain, which, in turn, relieves the convulsive tendency, or, rather, removes the cause, but not the established habit.

Among the constitutional causes producing epilepsy is syphilis. When the spasm is the result of this venereal affection, we nearly always have a transitory local paralysis of some part of the body. In several cases I have seen a unilateral transitory paralysis of the face. These subjects usually complain a great deal of headache. In one such case under my care, trephining revealed an exostosis of the inner plate of the cranium. The operation was successful, as operations usually



are, but the patient came out under the anæsthetic a raving maniac. The convulsions were relieved for a period of six months, when they returned with renewed vigor, and with their re-establishment the victim regained her senses. The best neurologists were consulted in this case and a surgeon of high repute performed the operation.

Anxiety, grief, fright, may all produce epilepsy, as also may over-indulgence in eating, alcoholic excesses, etc.

*Prognosis.*—From the foregoing, and from a considerable experience in the treatment of this disease, I would say that the prognosis is certainly doubtful. Anders says if the disease be inherited, it can rarely be cured. Consequently, attacks which develop in infancy or early youth are more serious than those which appear in adult life. Paroxysms occurring at night have, as a rule, a more hopeful outlook, and are less deleterious to the mental faculties of the patient. Doubtless many cases are permanently cured, yet, at best, it is a great uncertainty.

*Treatment.*—Much can be done to help these semi-invalids along their journey through life. Their habits should be carefully inquired into, and corrections made where deemed necessary. Agreeable occupations should be recommended where expedient. Horseback-riding, bicycle-riding, swimming, or other amusements which would endanger the patient's life, must be emphatically prohibited. Their mental equilibrium should be disturbed as little as possible; therefore, all controversies, the imparting of exciting news or distressing gossip, should be zealously avoided. Cold sponge-baths every morning are very soothing and beneficial. All sources of irritation to nerve filaments should be removed or corrected, as errors of refraction, nasal spurs, adenoids, rectal fissures, hæmorrhoids, adherent prepuces, etc. Not much benefit has resulted from surgical interference. It is only limited to such cases as are dependent upon organic lesions and surgically accessible.

The diet should be light and nourishing, avoiding meat as much as possible, even meat broths and soups proving harmful. Milk may be used *ad libitum*, fish, eggs and poultry sparingly. All pastries, fried foods, coffee and tea should be prohibited. Great care should be exercised to avoid over-indulgence; it is better to eat oftener than three times a day rather than overload the stomach. Have the patient eat slowly, using hot

water at meals and cold water plentifully during the intervals. Light suppers should be the rule where the attacks occur at night. Electricity has been recommended, but the benefits accruing from it are doubtful. Galvanism is probably the best form. The aura are often cut short by pressure between the brain and the site where the aura commences. In the case of the young lady just cited, firm compression about her wrists often aborts an attack. Gatchell claims that "pressure on both carotids, which makes pressure on the cervical, sympathetic and par vagus nerves, often shortens an attack. In females, pressure on the ovarian regions acts similarly."

*Internal Medication.*—Probably the selection of the similimum will give the best all-round results. Arndt, in his excellent work on Practice, says: "Nevertheless, I am thoroughly satisfied that infinitely better results are obtained under the homœopathic treatment of epilepsy than can be claimed for the treatment with bromides, provided the physician in charge possesses sound judgment, close observation and patience."

The drugs which have rendered most satisfaction to me are agar., argent. nit., calc., cicuta, ignat., acon., nux, œnanthe, passiflora, verbenā and oil of tansy. The symptomatic indications for the employment of these remedies can be found in any work on therapeutics. Verbenā is highly recommended by Dr. Halbert, and another authority claims it to be a specific after the cause of the convulsion has been removed. Oil of tansy has undoubted value, but I cannot give you any special indications for its use. Dr. H. F. Biggar claims, if a patient does not object to the argyria resulting from the use of argent. nit. in  $\frac{1}{2}$ -gr. doses, morning and evening, the epileptic fits may always be cured. This is certainly a very strong assertion. Other remedies worthy of consideration are bell., gels., sil., sulph., indigo, cuprum, hydroc. acid, lach., opium, stram., bufo, cina, zinc, borax, ferr. hydrocyanate and solan. car.

If bromides be given, the following formula of Prof. Hammond will be found especially valuable:

R. Bromide zinc, . . . . .	1 dr.
Syr. simplex, . . . . .	1 oz.
M. Ft. sol., 10-30 gtt. ter die.	

Bromides, according to my experience, seem to relieve for the time being only, and have the additional unpleasant feature of stunting the patient's intellectual and reasoning faculties.

## SOME OF THE USES AND ABUSES OF THE NOSE.

BY CHARLES H. HUBBARD, M.D., CHESTER, PA.

(Read before the Delaware County Homœopathic Medical Society.)

FROM time immemorial noses have not only commanded the respect, but have also incurred the abuse, of mankind. From the puling infant in the cradle to the aged one tottering on the threshold of the grave, noses have been conspicuous figures in the great drama of life.

It is the desire of the writer to call special attention to some of the abuses and uses of the nasal organ.

The development of the nose begins about the fourth week of foetal life. Marked changes occur in its form, structure and function to the end of life.

Though this conspicuous protuberance is recognized as presenting an index of the character to whom it seems to be firmly—if not warmly—attached, and notwithstanding its importance to the function of respiration is most vitally essential to the maintenance of animal life, there are few, if any, parts of man's structure subject to greater abuse. That it has not been forcibly torn from its attachments or made to disappear entirely is no fault of the average man. In considering some of the more flagrant abuses inflicted upon this defenceless organ, it is pertinent to inquire, Who has not embarked in many mining enterprises and industriously dug and bored into the alluring depths of the nose, strenuously seeking for unknown treasures? Observe how this organ is pulled and pinched and twisted during its daily intercourse with the world. Notice how the entire lung capacity and all the accessory strength of the individual is often brought into requisition to determine how much force the nose can bear without being blown away or mangled, as the air and the accumulations in the intra-nasal chambers are expelled. See how it is only too frequently defrauded of its proper function as an organ of respiration, that important duty being usurped by the mouth. And see how the toilet of this faithful sentinel at the gateway



to man's castle is neglected; how the various accumulations that are captured and imprisoned within the nose, and are a menace to health, are permitted to hold undisputed sovereignty.

In the treatment for nasal disorders—good, bad and indifferent—a great diversity of opinion and practice prevails. A certain stereotyped method is often adopted, and all patients are put through the same mill, forgetting that each case should be individualized. Permit the mind's eye to briefly scan the ominous array of weapons marshalled against intra-nasal disorders. Observe how the nose is douched and sprayed, syringed and nebulized, cocainized and cauterized, probed and plugged, cut and snared, moulded and stretched, sawed and chiselled, fractured and splintered, swabbed and massaged, fumigated and irrigated, together with many other forms of classical torture recognized as necessary and legitimate. And, withal, there is such a multiplicity of medicaments employed in and about man's proboscis that one stands bewildered and appalled.

To the superficial observer it might appear as though the nose had two special functions: one for man to blow, and the other the development and maintenance of the rhinologist. As to the latter mission, it is easy to understand that it is but the logical and inevitable result of the abuse to which the nose is exposed. That disease and deformity so universally afflict the nose is the logical sequence of events. While the tendency to asymmetry of the nose is frequently inherited, one is forced to recognize that various deformities and disorders are often due to traumatism that might have been overcome had the abnormality been properly treated in its incipency.

That the function of the nose as an organ of respiration is pre-eminently more vital than that of olfaction, and that respiration through the mouth and throat is pathological, the average mind is slow to comprehend or respect. The special function of olfaction is virtually an essential factor to the sense of taste, and in this dual capacity is associated with the act of expiration.

As an organ of ventilation for the middle ear its importance is not generally recognized, and the presence of the Eustachian tube and its function wholly ignored.

That an occlusion of the resonant spaces, and thus an inter-

ference with the vibrations of air, seriously impairs many voices, and that any barrier to nasal respiration makes perfect vocalization impossible, seems so patent that no one should need to have his attention directed to it. In this connection it is well to remember that, of the many ills growing out of mouth-breathing, the younger the subject the greater the disturbance. And any such reaching adult life before having the obstruction to nasal respiration removed will, in all probability, never entirely escape the penalty of procrastination.

The function of the intra-nasal tissue is so delicate and important that all treatment should be conservative and guarded, avoiding injury or destruction when possible. But when comfort and health, and possibly life, are endangered because of deformities or abnormal growths, whether congenital or acquired, no hesitation to remove or destroy the offending structure should be considered. Recognizing that obstruction to normal breathing may reside in other parts of the respiratory tract, such probability is to be considered in all intra-nasal treatment. Patients not infrequently persist in the belief that no impediment to nasal respiration exists, when a thorough examination may reveal pronounced malformations. Hence it is never safe to take the patient's word. Whenever a patient complains of a dry throat and mouth in the morning, that symptom alone should excite one's suspicion of nasal occlusion. A very easy method to determine if nasal obstruction exists is to spray an oily menstruum through one nostril, when, if both intra- and post-nasal spaces are approximately normal, the vapor should escape from the opposite nostril in nearly equal volume.

Why so many have intra-nasal abnormalities and fail to realize the extent of the disorder may be explained by the well-known fact that an impression of a sensitive area continues an indefinite period after the immediate cause is removed, and hence, when uninterrupted impressions occur, the parts finally become so accustomed to them that one fails to recognize the intruder.

The various projecting growths from the nasal septum are prone to develop at the junction between the vomer and the triangular cartilage, and when this occurs there is usually a deviation of the septum toward the side of such abnormal de-

velopment. And on the opposite side, where the nasal chamber is enlarged because of the bending of the septum, the inferior and sometimes the middle turbinal body will be greatly hypertrophied. But any treatment towards reduction of such enlarged tissue will result in failure so long as the septal deformity is permitted to exist; and any treatment for catarrhal conditions, no matter how wisely directed or long-continued, will assuredly fail while nasal deformity or any other abnormal condition of the respiratory passages that interferes with the free entrance and exit of the air remains uncorrected. No internal medication ever reformed a deformed nose; never repaired a fractured or deflected nasal septum; never removed an exostosis or an enchondrosis; never enlarged a narrow or collapsed nasal fossa or intra-nasal chamber; never effectively controlled many other morbid conditions that are a menace to health, and never will. Such malmedication can never achieve fame in any field wholly foreign to its mission in the activities of life; but, confined to its own legitimate field, and rationally wedded to mechanical or other necessary interference where such procedure is clearly required, it rises to the dignity of art, and commands the gratitude and respect of mankind.

In the various operations for the correction of nasal disorders, prognosis as to results should be especially guarded when there is a congenitally narrowed post-nasal chamber. The anatomical structure of some noses is so obviously defective that no rhinological contractor can ever construct out of them satisfactory working-organs.

In our treatment of the intra-nasal cavities, the presence of the accessory cavities should be remembered. When a pus-like discharge persists, and especially if seen in the upper portion of the nose, and there is no evidence of necrosed tissue or the presence of a foreign body, it is safe to presume that it comes from some of the communicating sinuses. And here is where many cannot understand why their treatment for catarrh—so called—is not effective. A unilateral discharge, when occurring in young children, may be due to a foreign body. It should be searched for, and will usually be found either in the summit of the nose or in the inferior meatus. It is well to remember that much of the air passing in through the nostrils passes up to the superior meatus, instead of flowing along the



floor of the nose, as generally supposed. In its exit, it passes out through the inferior meatus. Hence dust, and whatever may be borne along with the air into the nose, is prone to lodge in the apex of the nasal chambers, where it not infrequently escapes detection and tends to perpetuate intra-nasal disease. One comforting fact resides in the knowledge that micro-organisms in the nasal cavities find themselves handicapped because of the non-fertility of the soil. Thus, strong antiseptic solutions in the nose are not so universally indicated as the indiscriminate use of them seems to imply.

In treating the nose, one should always recognize that the anterior end of the septal cartilage at the point where it unites with the incisor crust is a most vulnerable point. Here epistaxis often occurs, and ulcers, erosions and perforations find a favorable site for pernicious activity. The mucosa of the outer wall of the nasal spaces is not often responsible for hæmorrhage serious enough to demand active interference in non-surgical cases. Plugging the nose to arrest hæmorrhage is seldom required, though frequently resorted to. When failure to stop the flow of blood follows plugging, it may be due to a thin, yielding septum. Some of the methods employed to control epistaxis are exceedingly crude and non-professional, while others fall little below malpractice. When adrenalin chloride or peroxide of hydrogen applied to the bleeding area, followed by firm pressure, fails to check the hæmorrhage,—which it rarely fails to do,—some cauterant, carefully applied to the affected point, is almost universally successful. Its employment is not difficult, and it is much pleasanter for the patient than the objectionable plugging. A superficial eschar is all that is required, a deep burn being dangerous, because perforation of the septum may follow. The promiscuous use of cautery agents cannot be too strongly condemned. There are times and conditions when some form of cauterization can be most profitably employed. To reduce chronic hypertrophy of the turbinal bodies, a submucous puncture, with the introduction of an acid cautery (my preference being trichloroacetic acid) is the most desirable method, in the majority of cases, to accomplish this result,—always keeping in mind the essential object in view, to increase the calibre of the nasal passages, that respiration may be improved, and, at the same time, secure this result with a minimum of destruction to the mucous membrane.

In neurotics and degenerates, and in those of pronounced vicious habits, all forms of treatment for the cure or relief of nasal disorders, as in other parts of the body, are universally disappointing.

To record in detail the many discomforts of possible nasal origin is not the writer's intention; but no one should forget that removal of nasal obstructions will often cure headache, especially when worse in the morning and not relieved by sleep. Even strabismus has been cured by intra-nasal work, and in subjects where operation had failed. Asthenopia is often cured by proper treatment for nasal disorders. Neuralgia in and about the eyes not infrequently depends upon intra-nasal trouble. One writer has very truthfully said that "no examination of the eyes for headache is completed until the nose is carefully examined." Ozæna is undoubtedly responsible for many ocular diseases.

In the various theories as to the etiology of hay fever, while recognizing that of predisposition and the immediate exciting factor, it is not wise to ignore the probable pathological condition of the intra-nasal tissues. In such cases the points of local hyperæsthesia are usually found posterior to a line between the anterior and posterior orifices, though it may lie anterior to this point in subjects where sneezing and lachrymation is the pronounced symptom. As a rule, the vulnerable points exist on the anterior and inner side of the middle turbinal bodies, and also on the septum opposite the inner portion of these bodies. Hence, to swab, spray and burn, hoping thereby to possibly hit the hyperæsthetic point, without having a definite idea as to the probable seat of excitation, is a shot-gun practice that no self-respecting nose will tolerate. And yet it is one of the abuses inflicted upon this defenceless organ.

In considering reflex neuroses, Fleiss calls attention to the "genital spot" in the nose, situated in the lower turbinal cavity near the tubercle of the septum. In dysmenorrhœa of a reflex nature, this point is swollen and hyperæsthetic. If this spot be cocainized or cauterized, the dysmenorrhœa promptly ceases. As our knowledge of the nose increases, so should our care of it reach a corresponding degree of perfection.

In this age of progress, the eyes have many defenders; but who has ever strenuously championed the cause of the nose?

In many sections of the country it is obligatory that children attending public school shall have the eyes examined by competent oculists, and in New York City the throat may be examined to ascertain if any acute infectious or contagious disease exists. But throughout the country no methodical or scientific effort is made to inspect the nose and throat, that pathological lesions which may seriously interfere with the child's mental and physical development shall be discovered and removed. The nose and throat are so co-ordinate in function and general relationship that to consider one should mean the recognition of the other. Many adults go through life ignorant of the morbid conditions in the nose or throat that are a constant source of trouble, a lifelong contraction of power and attainment.

That every child is entitled to all the help and protection that an enlightened people can provide is generally accepted as a fundamental truth. This fact, being in harmony with the spirit of our free institutions, should need no defender in our republican form of government, and any law or practice that shall give mankind greater liberty in the exercise of its physical and intellectual inheritance should have universal approval. To aid in the realization of this condition in a still higher degree than now prevails, I would plead for and make it imperative that every child of school age shall have an examination of the nose and throat by competent authority. If experience has demonstrated the wisdom of ocular examinations, then every consideration of justice and humanity require investigation and correction of abnormalities in the respiratory tract that so often handicap nature and subvert the forces of life.

In the daily grind of professional existence, a realization of the many preventable and curable disorders that are clearly traceable to the nose and throat has stimulated your essayist to write this paper, and, if possible, incite others to more effective action in a branch of medical practice that is seriously neglected and frequently maltreated. And so, I would reiterate my appeal for a more thorough examination of the nose and throat, and a treatment based upon more accurate knowledge. I would emphasize the desirability of early and frequent examination of the respiratory organs of the young. Such investi-



gation can hardly begin too young in life. Even with the existing circumscribed attention accorded these vital parts of man's organization, the comfort, the improved health and the prolonged lives that pay tribute to the zeal and efficiency of the good work already accomplished should be an incentive to every physician who desires the well-being of his fellows.

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### A CLINICAL LECTURE ON THE VARIETIES OF ARTHRITIS.

BY F. MORTIMER LAWRENCE, M.D., PHILADELPHIA.

THIS patient, a healthy-looking young German, tells us that he was perfectly well until three weeks ago, when he contracted gonorrhœa. Two weeks later he noticed that his right knee was becoming stiff and swollen, rendering any movement painful, and he came to the dispensary for treatment. Thence he was sent into the hospital ward in order that he might be placed at rest. His temperature on admission was 101.8° F., his pulse was 92, and the tissues about the right knee-joint were swollen, slightly reddened, and quite tender to the touch.

This history, a recent gonorrhœal infection having been followed in the course of two weeks by swelling and other evidences of inflammation about the knee-joint, renders the diagnosis almost self-evident: the case is one of gonorrhœal arthritis. It is a complication by no means rare; by Taylor it is said to occur in 10 per cent. of all cases of specific urethritis. In nearly half the cases it is monarticular, though it is capable of involving many joints; and although the knee is its chosen site, the wrists, ankles, fingers, toes, or even the maxillary or spinal articulations may be attacked. As a rule, as in the present case, the onset of this form of arthritis is postponed until a week or more after the onset of the urethritis, and it may not supervene for months, not until the disease has become a gleet. The reason for this delay may be found in the fact that circulatory infection does not occur until gonorrhœa has extended to the deep urethra and set up a posterior urethritis. From such a suppurative focus as this, absorption of either the bacteria or their toxins into the circulation is easy;

and gonorrhœal arthritis is but one manifestation of such an absorption, other possible results being endocarditis, myositis and ophthalmia. These complications of gonorrhœa are not always, however, the accompaniment of a urethritis: they may result from other gonorrhœal infections, such as vulvo-vaginitis in children or even from ophthalmia neonatorum.

The appearance of this joint is quite characteristic. As you perceive, there is little redness, moderate tenderness, and a great deal of swelling. Not only is there œdema of the joint cavity and the surrounding soft tissues, but the adjacent bursæ and tendon sheaths are involved, and so the swelling extends for a considerable distance above and below the knee. The degree of pain varies greatly. In this case the patient suffers comparatively little, complaining more of the stiffness of the joint; and the complication might be regarded lightly but for two things: first, the possibility, perhaps through secondary infection with pyogenic organisms, that suppuration may ensue; and, second, the probability in any case that the disease will prove obstinate and its course prolonged. Under the best of circumstances resolution is delayed for a month or six weeks, and often it is as many months.

Treatment must be directed first of all to the primary gonorrhœal focus in the urethra, and this will be eradicated by means of the local measures so ably demonstrated in Dr. Ashcraft's clinic. In addition the patient will be kept at rest, an ice-bag will be applied, if at any time pain in the joint becomes severe, and the application of an ointment containing 25 parts of ichthyol and 75 of lanoline may aid resolution. Later on, should the effusion persist, we may resort to aspiration of the joint under strict antiseptic precautions. Should suppuration threaten, our only remedy will be prompt and thorough surgical intervention. As to the efficacy of internal remedies in this affection, I can say little; our bryonia and other remedies seem no more effective, and no less, than the salicylates and iodides of the old school.

I have brought this case before you, not because it is one of unusual interest, but because it affords me the opportunity to discuss briefly some other forms of arthritis. It is only a few years ago that arthritis and rheumatism were used as terms practically synonymous—even the condition we have just dis-

cussed was styled "gonorrhœal rheumatism,"—and this confusing nomenclature is still retained by careless clinicians. We recognize many varieties of arthritis, however, and it is better to restrict the name rheumatism to the acute polyarthritis which we know as inflammatory rheumatism or, better, rheumatic fever. The incorrect use of the term rheumatism is so general, and leads to so much diagnostic confusion and therapeutic bungling, that it is well for us to consider the forms of arthritis which are readily confounded with true rheumatism.

At the outset, let us make one generalization in regard to all forms of arthritis: that, with the single exception of gout, they are due to infection. This affords us not only a satisfactory basis for classification, but it simplifies diagnosis; for not only are they infective in origin, but most of them occur in connection with more characteristic manifestations of their exciting organisms in their organs, and thus permit fairly accurate diagnosis. In other words, the variety of arthritis is indicated by the primary infection, if one capable of such a sequel is or has been present in the patient. Let us consider these in detail.

1. Arthritis secondary to acute infectious disease. It is now well known that the pneumococcus, the meningococcus, the bacillus typhosus, the influenza bacillus and the specific organisms, whatever their nature, of scarlet fever and dysentery, are capable of invading one or more joints and there setting up inflammatory processes. In general, these varieties of arthritis closely resemble that due to the gonococcus, though at times they seem more prone to terminate in suppuration. Moreover, it is probable that arthritis deformans itself is but a chronic infection, and it may be due to one or another of these organisms. The diagnosis, in any case, rests upon knowledge of the primary disease. Exceptionally, a bacteriological examination of the fluid aspirated from the joint may be required to decide the character of the infection.

2. Septic arthritis. A polyarticular arthritis may develop in connection with pyæmia, especially puerperal cases. This arthritis is purulent from the start, abscesses developing in or about the joint; and the discovery of such lesions elsewhere, in connection with a clinical picture of sepsis, affords a diagnosis.



3. Acute tuberculous arthritis. Rarely, though probably less infrequently than is supposed, acute inflammation of a joint is of tuberculous origin. The onset is apt to be accompanied with high fever and intense pain, one or more joints may be attacked, and, as a rule, they present a great deal of elastic swelling and but little redness. Diagnosis may be impossible for a time, but the swelling soon assumes the characteristic form and appearance of the *tumor albus*, there is early fixation of the limb, and, if we care to apply a therapeutic test to exclude inflammatory rheumatism, the swelling and pain are not lessened by the administration of salicylates.

A form of arthritis secondary to pulmonary tuberculosis and due to the toxins of the tubercle bacillus may occur. It is accompanied by intense pain and may lead to ankylosis, but the lesion does not become suppurative or destructive.

4. Syphilitic arthritis. During either the secondary or tertiary stage of syphilis there may be a sudden development of arthritic pain and stiffness. There is little fluid thrown out, however, and redness and tenderness are absent. Inquiry often reveals the co-existence of fever and bone-pains, iritis is not uncommonly a concomitant, and other evidences of syphilis are seldom difficult to discover.

In addition to these well-recognized types of arthritis, a number of other conditions may give rise to symptoms which closely simulate those of joint-inflammation. Such are the growing pains of children, which, when not actually rheumatic, are usually due to rickets. The osteochondritis which afflicts the victims of congenital syphilis gives rise to hard, nodular, painful swellings in the epiphyses, and there may be associated fever. The absence of fluid or swelling about the joint should serve to exclude rheumatic fever, and other conclusive evidences of syphilis are rarely lacking.

Finally, let me caution you against the danger of confounding acute osteo-myelitis, acute necrosis, occurring in the lower end of the femur or in the tibia, with inflammatory rheumatism. The intense local symptoms, the involvement of the epiphysis of the bone rather than the capsule of the joint, and the marked constitutional symptoms, which may suggest suppuration, will aid you to reach a diagnosis. Nevertheless, as in a case which came under my notice last year, recognition may be delayed until local evidences of suppuration are ap-

parent. In the case to which I refer it was only through the prompt surgical intervention of Dr. Van Lennep that the patient escaped the loss of his limb, and perhaps his life.

### AN ABDOMINAL BELT.

BY HERBERT S. NICHOLS, A.M., M.D., PORTLAND, OREGON.

AFTER operations for appendicitis or hernia it is difficult to get a well-fitting abdominal bandage. No abdominal binder brings pressure directly over the scar, but rather over the median line, and the muslin spica-bandage is uncomfortable

FIG. 1.

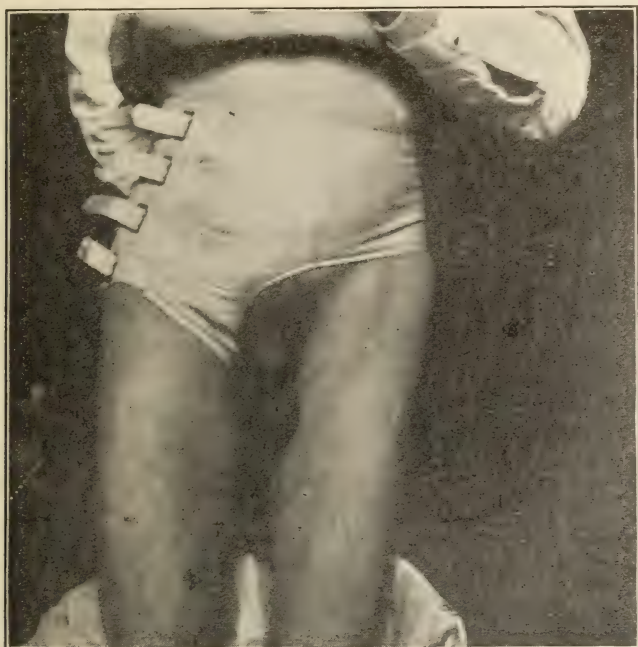


and difficult for the patient to apply. A support of some sort is certainly a safe precaution to prevent a possible stretching of the cicatrix during the first six or eight months following the operation.

An abdominal binder, to be effective, should fit snugly over the scar and exert a little pressure at that point, in any position the patient may assume. With this idea in view I have endeavored to construct a belt which will fulfill these requirements. The first pattern was made by applying a five-inch muslin bandage as a spica of the right groin. The turns of the bandage were then all sewed together, so that when it was cut

through above the right hip it could be removed like a belt, without coming apart. A belt of heavy pocket-drilling was then made from this pattern. The fault in the spica-bandage is that it drags on the leg, and in the sitting position becomes loose; but in the new belt, elastic straps are used to bring it together over the right hip, and also behind where the perineal band fastens. These keep it comfortably adjusted in any position and maintain a moderate pressure where it is most needed.

FIG. 2.



If a firmer support is deemed necessary, a hard-rubber pad two inches wide and long enough to cover the scar may be sewed to the belt directly over the wound. It should be bent to the curve of the abdomen, in order to fit closely to the skin.

For a man of medium stature (see Fig. 2), the belt should be  $8\frac{1}{2}$  inches wide over the affected side and 5 inches over the opposite side. The perineal strap is  $2\frac{1}{2}$  inches wide at its narrowest point. This width allows it to wrinkle a little under the leg, but is not so uncomfortable as a narrow band. The elastic should only be used where the buckles are attached, and the strap itself made of webbing, as the frequent buckling will very quickly wear out an elastic strap.



## EDITORIAL.

## BACTERIOLOGY GONE MAD.

WE have been contemplating for some time the writing of a paper on the subject of "National Hysteria," but have hitherto been prevented from carrying out our intention by the scarcity of time and the abundance of material illustrating the subject. Indeed, the material keeps piling up at such a rapid rate that the prospect of successfully arranging it seems to be far off, and we have, therefore, determined to follow the practice so much in vogue and file a "preliminary statement" of one phase of the proposed subject, the others to follow at some convenient time as supplementary. By this proceeding we mean, just as others do, to file a sort of *caveat*, as they call it in the patent office, to prevent infringement of our copyright on the subject. The particular illustration of the hysterical tendencies of the present age to which we wish to call attention is the almost irrational manner in which bacteriology—or, as it has forcibly, but not too elegantly, been called, bug-hunting—is carried on and applied. This can hardly be called a purely national stigma, since it is not confined to America, but appears to be almost universal. It would perhaps be more appropriate to say *medical hysteria*; but when we see how widely and variously it is being applied outside of the medical profession proper, we will be contented to allow the word "national" to stand. Setting out from the hypothesis that a germ of some kind or another is the cause of any and every deviation from the normal, the medical bacteriologists are engaged in hunting up and hounding down, on every side, bacteria and bacilli. Under the close scrutiny of their microscopic persecutors, the lives of these tiny denizens of everywhere must become a burden. Nowhere are they safe. Their slightest actions are noted and made but too often the basis of a rupture in their family relations. Do they curve their tails a little more than

ordinary, they get a new name, and motives and actions are attributed to them of which they may be entirely innocent. The same results follow any other change of form, size, or habit. The names they receive are enough to embitter their whole existence, and the distinction into harmless and harmful, or non-pathogenic and pathogenic, is calculated to engender bitter recriminations and dissensions among them. How must the pathogenic germs discovered in the buccal cavity feel to have their faults paraded before the world, in sharp contrast to the negative virtues of their companions found in the same location, but who have been labelled harmless, and, indeed, credited with an ability to restrain their own assumed virulence?

The malignant activity of the bacteriologist has succeeded in infusing into the minds even of the young a deadly hatred of all germs. Nowhere do poor mortals feel secure from the attacks of the innumerable hosts of their invisible foes, and in revenge man seeks to place upon them the responsibility of his own derelictions. No longer may we chide the slothful, for he is the victim of a staphylococcus which of necessity produces the symptoms of what was formerly called laziness. It is no longer a mental but a physical disease, and the poor sufferer from congenital weariness is to be pitied, not blamed. Nowhere as here do we find exemplified so clearly the truth of the saying that a man is judged according to the company he keeps. Let some poor errant microbe be found in the bad blood of a diseased patient, immediately it is accused of being the cause of the disease; and, in spite of all circumstantial evidence to the contrary, this odium clings to it on account of its vicious associations. Even should a good character in other connections be proved in its favor, its unjust judges decide that its environment has so corrupted its morals as to have changed into a pathogenic enemy what had hitherto been known merely as a peaceable, innocuous "transient."

All these troubles might have been borne by us with equanimity,—for most of us show wonderful fortitude in bearing the troubles of others,—but when it comes to the invasion of our rights—our sacred, inalienable personal rights—by an appeal to the dangerous character of the omnipresent microbe; when it comes to declaring by a medical society (unfortunately an homœopathic one) that kissing is unhygienic; and when,

finally, a sapient legislator introduces a bill to declare that kissing, when, where, and how you please, should be considered as a misdemeanor, unless the parties to the act were provided with a certificate of health and a license to carry out the act, then we strenuously draw the line, and hotly assert that this represents bacteriology gone mad, and that these outgrowths deserve all the ridicule that can be heaped upon them.

We have seen the rise and fall of the kissing-bug, but these enthusiasts would have us believe that more dangerous bugs are about, and that because occasionally, under exceptional conditions, the act of kissing may be the means of conveying disease, it should be regulated by legal restrictions. It is almost impossible to treat the subject seriously, but we see difficulties in the way of fixing the responsibility for the act before the law. Usually, although there is a kisser and a kissee, this distinction is soon lost, and the participants change parts, or alternate, thus clouding considerably the question of responsibility.

There are as many kinds of kisses as there are kissers, and it is credibly reported that they are all good in their way. We have the kiss of the child; the kisses of schoolmates; the kisses of the first love; the kisses of the engaged couple; the kisses of the first years of married life; the kisses of the later years; the loving, lingering maternal kiss on her babe's bud-like mouth, and the paternal smack on any part of his offspring's anatomy most accessible to the perfunctory evidence of affection, and, finally, the mumbling, mouthing kisses of the aged. Are all these to be suppressed or doled out according to revived blue-law regulations?

We see in anticipation of the general adoption of this sumptuary law a panorama of its workings unroll before us. We see each possible kisser provided with a certificate of health and license to kiss, printed on parchment to withstand the ravages of time and frequent usage, and adorned with an allegorical representation of a little naked Cupid being scrubbed with antiseptic soap by a white-robed surgeon, while the corners are adorned with advertisements, in colors, of Postum Coffee, Force, Ozark apple-farms, and Listerine.

We see every one except the framer of the law, numerous



"overlooked blessings," soured bachelors, and microscope enthusiasts, carrying this certificate constantly with them, in order to be prepared for emergencies. The little child is early taught to defend itself against the slobbering assaults of gushing females by a demand for the exhibition of their "'tificates."

The blushing schoolboy, as he proffers the rosy apple, warm from his pocket, to the self-possessed object of his immature affections, is coolly met with the demand, "Show me your certificate, little boy," while the apple is taken and the kiss and the boy left. In the leafy avenue, where the moonlight in fitful rays catches glimpses of but does not disturb the evidences of ardent first love, we hear in impassioned tones, "Just one. You are so beautiful! One little one, on that sweet rosebud mouth."

"Show me your certificate first, Harry. If it's all right, I don't mind just a little one."

Enters in hot haste the acknowledged lover. "Oh, my darling! How long has seemed the time since last I saw you. Come to me, dearest, and let me——"

"Wait, Jack,—let me see your certificate."

"Great Scott! I've left it at home."

"Then, sir, there is no need of your remaining here."

"At last my wife! Now let me clasp you to my breast, and pour out in one fond kiss all the love with which my heart is bursting."

"Yes, dearest," hiding her blushing face on his shoulder, "but first show me your new certificate; here is mine."

"Why, Hubby, aren't you glad to get home, and to see me? You have not kissed me."

With some embarrassment, "The fact is, Angelina, I hav'n't my certificate with me. I—I— left it in the pocket of my office-coat." (Scene.)

"Come, my son; it's time for you to go to bed. Give me a kiss, and run along."

"All right, dad; show up your certificate. You don't catch me breaking the law."

"Oh, John! to think that this is our golden wedding! For fifty years we have travelled together, through storm and sunshine, and even now——"

"Molly, where's your certificate? I must have mislaid mine."

"Mine is up in my bureau drawer, where I put yours, too. I found it among some waste papers on your desk; but—there's no one looking."

"All right, Molly, if your conscience can stand it, mine can. We didn't bother much about certificates fifty years ago, did we?"

But the kiss is almost too sacred a subject for jesting. Its origin is shrouded in obscurity; its present uses, though almost infinite, are easily, in fact instinctively learned; and its future knows no end—unless at the hands of an insane microbiphobia.

How was it discovered? Who was the first kisser and who the first kissee? In default of historical data, each one can picture its origin according to his own fancy. We see in our imagination, in the dim past, a youthful warrior apparently dying in the arms of his beloved. She strokes his face and coos her love into his dulled ears, until, fearing that his soul may escape her, she presses her mouth to his and seeks to draw into herself his departing spirit. But what is this! A new sensation thrills through their bodies! The dying one opens his eyes in wonder, and meets his love's startled, almost intoxicated look! He feels life returning. He seeks to draw vitality from her, and she gladly offers to him her soul. Now no thought of dying! Life, only life and love—and the kiss has been discovered!

Since then, in its ideal form, it has been the highest expression of oneness of spirit and union of souls. Shall it be scrubbed and disinfected? Shall it be made to pay royalty to the minions of the law? Shall it become a matter of calculation of the chances of infection? The Fates forfend. Gladly should a lover accept death in a kiss from the lips of his beloved.

But this "verges on the poetical." To return to prose: let us laugh down this evidence, among others, of bacteriology gone mad.

## EXAMINE THE MEDICAL EXAMINERS.

WE think that the following questions show that this is really necessary, in some cases. Six questions upon Homœopathic Therapeutics and Materia Medica are given below. They were asked of the candidates, last fall, at one of the Western State Board examinations. There were ten questions in all:

1. When is *ignatia* indicated in intermittent fever?
2. Give the therapeutic sphere of *bellis perennis*.
3. Give the characteristic skin-symptoms of *agaricus*.
4. Describe the headache of *argentum nitricum*.
5. When is *æsculus hippocastanum* curative in diarrhœa?
6. Mention three drugs that produce a black diarrhœa, and give characteristics of each.

The remaining four questions were excellent and could not be criticised. But what shall we say of the six that have been given above? Alas! the poor student. We do not mean to say that these six questions are unanswerable; but, why not give the poor fellows a chance? They deserve one, if anybody does, after what they have passed after a four years' course in medicine.

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## ACUTE MANIFESTATIONS OF CHRONIC DISEASES.

THE above subject was the theme of a discourse by Dr. J. Mitchell Bruce, in his address delivered at the opening of the winter session of the Midland Medical Society, and it opens up an avenue of thought, interesting to every practitioner of medicine. The address began with the report of a case, which was at first diagnosed as one of acute appendicitis, and surely, if one is to rely upon the clinical data, no other diagnosis was admissible. Later, evidences of intestinal obstruction appeared, and laparotomy was performed to discover that the patient was the victim of malignant disease of the colon. This case brought to mind a recent experience of our own, that of an eminent musician who continued at his work until four days before his death. At that time, he was seized with an obstinate constipa-



tion. Auscultation of the swollen abdomen showed complete absence of peristalsis. There was little or no pain. He was known to have mitral regurgitation, interstitial nephritis, and syphilis. He died with all the symptoms of uræmia. The autopsy disclosed an adeno-carcinoma of the descending colon with perforation, which, to judge from the appearances of its edges, must have started three weeks before death. There was also every evidence of a generalized peritonitis. The heart and kidneys were found as expected. We believe that similar experiences have been the misfortune of other practitioners.

Continuing his address, Dr. Mitchell remarked, "We suspect that an acute illness which we are called upon to treat is something more than appears upon the surface. We are morally convinced, as the saying goes, that there is another, possibly a graver disease beneath it, but we fail to confirm our suspicions from want of evidence, whether in the patient's history or in his present condition, of the existence of a chronic disease with which the acute illness could be connected." It seems to us that the cases to be included under this category may be made less puzzling if one but bear in mind the possible chronic conditions which are liable to be characterized by acute manifestations of anomalous character, whence, by a process of exclusion, a correct conclusion may be reached in a fairly large percentage of cases. Chronic interstitial nephritis, hysteria, and syphilis, are capable of producing almost any combination of acute symptoms, and arterial degeneration and tuberculosis may be interrupted in their course by acute manifestations with sufficient frequency to make them of importance in the present connection. Chronic interstitial nephritis is readily discovered by the urinary examination; hysteria presents its characteristic stigma at once recognized by the experienced; syphilis usually gives some positive evidence of the nature of the trouble, but too frequently the data for a diagnosis are wanting.

The Lecturer lays especial emphasis upon the acute manifestations of pulmonary tuberculosis, and instances hæmoptysis as a symptom the significance of which is too frequently misinterpreted, because the necessary signs of pulmonary tuberculosis are not obtainable. He also directs attention to acute pleurisy with effusion as one of the early signs of tuberculosis, and very pointedly asks if we as practitioners of medicine ex-

hibit the courage of our convictions and treat the victims of that disease as the possible subjects of a subsequent tubercular disease of the lungs.

To many, the subject of acute manifestations in the course of chronic disease may be without practical bearing, but when one considers that the acute symptoms may be the means of directing our attention to the existence of a disease which has lasted for some time, that we may thus be enabled to lay down principles of treatment to prevent subsequent acute symptoms, and that we may thus prolong life, the importance of the subject is evident to all.

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THE ACTION OF STRYCHNINE ON THE HEART AND THE EVIL OF OVER-DOSAGE.—(Curtin.)—The writer starts out by saying that he is not in favor of using such large doses of strychnine in advanced cardiac diseases as are often employed in America. As he says, it would be folly to condemn unreservedly its use in tonic doses in selected cases ; or in full doses in emergencies, such as occur in the acute infectious diseases unaccompanied by macroscopical changes in the myocardium or endocardium, or to help to tide over such cases as occur in shock, operative or otherwise.

Physiological doses of the drug does produce (1) Vaso-motor stimulation, resulting in a rise of blood-pressure ; and (2) probably stimulation direct to the heart-muscle, and also its peripheral inhibitory apparatus.

Tonic doses cause (1) lowered functional activity of the motor nerve trunks by producing exhaustion, and by its paralytic influence ; and (2) paralysis of the peripheral vagus, and depression of the heart and vaso-motor system.

Prof. La Housse has proven that large doses of sulphate of strychnia cause slowing of the heart without a primary acceleration, even when the heart has been previously atropinized. This condition is due, in his opinion, to paralysis of the intra-cardiac motor centres.

After citing several cases in which toxic symptoms have arisen, he gives an account of some valuable experiments. One of these experiments consisted in testing with a dynamometer, and it was found he could squeeze a certain number of pounds and hold it for, say, three-quarters of a minute. He was then given strychnia up to the therapeutic limit, and tested again. He suddenly registered a half a pound more, but the hand immediately relaxed, and he was unable to hold the instrument. This, very obviously, is not the character of the contraction in the heart-muscle which we desire to produce. It increases the "heart grasp," so to speak, but the grasp does not hold long enough to expel the blood.

In place of strychnia, dependence must be placed on alcohol, digitalis, nitroglycerin, caffeine, cactus, strophanthus, ammonia, and atropine.—*Therapeutic Gazette*, Nov. 15, 1902.

## GLEANINGS.

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**THE LORENZ OPERATION IN THE TREATMENT OF CONGENITAL DISLOCATION OF THE HIP.**—The principle of the Lorenz method is very simple, consisting in stretching the parts about the hip-joint sufficiently so that the head of the femur can be brought into the rudimentary acetabulum. When this is accomplished it is held in position by plaster-of-Paris until the weight of the body in walking, constantly forcing the bone against the cavity, gradually enlarges it until its normal function is possible. The stretching of the muscles must be sufficient to bring the trochanter down to the level of Nélaton's line, or lower. This may be accomplished by preliminary traction with heavy weights or by manual force at the time of operation. The child is anaesthetized, a folded sheet passed between the legs and held over the shoulder of the side to be operated upon, and the pelvis is firmly fixed by an assistant. Then, by a series of stretchings and relaxations, for which Lorenz uses a powerful frame with a traction apparatus, the resistance of the tissue is entirely overcome. The thigh is then flexed to about  $90^{\circ}$  to relax the capsule, it is gradually and forcibly abducted under traction to the limit of range, and is rotated slightly inward, so that the head of the bone points toward the opening in the capsule. In this position, while traction on the thigh is continued, the head of the bone is lifted and drawn over the rim of the acetabulum. It usually goes in with a distinct snap, and the leg remains in a position of flexion and abduction. The thigh is again forcibly rotated and extended to its full limit, so that the anterior part of the capsule which is drawn tightly across the depression may be distended and the capacity of the new articulation increased. When the manipulation is completed, the leg is put up in plaster-of-Paris in an attitude of extreme abduction, moderate flexion and inward rotation. The bandage extends from the axilla to the pelvis, and is continued as a spica down to the knee. The patient is encouraged to walk as soon as possible, the awkwardness being somewhat lessened by a thick cork sole on the shoe. The first bandage is left for six weeks or longer, and is re-applied at intervals of a month or more. With each successive change in the bandage abduction may be somewhat lessened, until, at the end of eight or ten months, the normal attitude of the leg is restored. The operation of reduction is only a small part of the treatment, the maintenance of the head of the bone in the over-corrected position for a long time until a new acetabulum is established being equally as important for the success of the treatment. At the Thirteenth International Congress, in Paris, Lorenz reported 260 operations of this kind, with only 4 deaths, 3 of these from accidents in the anaesthesia. In properly-selected cases the operation is free from danger, and the pain and discomfort which follow are much less than one would expect from the extreme force which is employed.—*American Medicine*, Nov. 1, 1902.



**KERNIG'S SIGN: ITS FREQUENCY OF OCCURRENCE, CAUSATION, AND CLINICAL SIGNIFICANCE.**—Rudolf, of Toronto, after examining 162 cases of all ages and conditions, reaches the following conclusions:

1. Inability to passively extend the knee fully while the thigh is at right angles to the body, *i.e.*, Kernig's sign, was present in over 60 per cent. of all hospital patients examined.

2. Kernig's method is to place the patient in a sitting posture and then to extend the knee. A more convenient way of applying the same test is that mentioned by Osler, in which the patient is kept recumbent and the thigh is placed at right angles to the body and then the knee is extended.

3. A procedure having advantages over both of these methods is first to extend the knee fully, then flex the thigh on the pelvis and measure the angle of the hip. Thus only one angle requires to be gauged instead of two, and hyperextension of the hip (showing muscular hypotonus) can be measured.

4. There is a great proneness in meningitis to increased muscular tonus, which is most apparent in the muscles of the neck and in the hamstrings. This hypertonus, occurring in meningitis, is probably due to cerebellar irritation; and, conversely, cerebellar irritation is probably the explanation of Kernig's sign in meningitis.

5. Inability to extend the knee fully with the hip at right angles to the body, or to flex the hip to a right angle while the knee is extended, occurs in many conditions besides meningitis.

Among such conditions are cerebellar diseases and diseases of the upper neurons of the motor tracts, acute eye troubles, disuse of the lower limbs for some days, as in recumbency, local conditions in these limbs, as sciatica arthritis and contractures, old age, etc.

6. When Kernig's sign is well developed in a recently healthy individual, who has fever and none of the conditions mentioned, then it is a valuable sign of meningitis, and this is probably, at least partially, in the cerebellar region.

7. For the purposes of greater clinical accuracy, it is urged that writers upon this condition express the angle at the knee or hip in degrees, rather than merely mentioning the presence or absence of the sign.—*American Medicine*, Nov. 8, 1902.

F. Mortimer Lawrence, M.D.

**MODERN METHODS IN INFANT FEEDING.**—In a review of the subject of infant feeding, Dr. C. S. Raue states that the earliest attempts at the rational feeding of infants were directed toward discovering a substitute for mother's milk that corresponded with the latter in chemical and physical properties. Outside of better knowing how to attain this result, and being in a position to obtain purer milk than formerly, we have not arrived at a final solution of the problem, and it remains an empirical practice. The technique, however, has improved so vastly that weaning is no more viewed with dread, and pediatricists do not hesitate to institute it at any period of infancy if valid indications present themselves. Breast-feeding, however, is the best mode of feeding, providing the mother be healthy and the milk of proper composition and sufficient in quantity. Notwithstanding this fact, it is undesirable to employ a wet-nurse, nor is it necessary, because of improved methods in artificial feeding. A chemical examination of the mother's milk should be instituted at once when it disagrees or fails to properly nourish the babe.

The requirements for a perfect substitute for mother's milk are :

1. It must contain no pathogenic micro-organisms and not sufficient saprophytic micro-organisms to set up deleterious chemical changes in the milk either before or after ingestion.

2. It must correspond in its physical properties and chemical composition with human milk.

3. It must be administered in a manner imitating breast feeding, and in definite quantities at regular intervals.

Dr. Raue is of the opinion that sterilization renders the milk less digestible, beside affecting its nutritive value and destroying its antiscorbutic properties. Pasteurizing accomplished the desired results without causing these changes ; but it is better to feed raw milk in the cooler months of the year, providing a pure article can be obtained. He speaks highly of so-called "certified milk," and commended the Philadelphia Pediatric Society for its good work in making it possible to obtain an absolutely pure milk for pediatric purposes.

The method of modifying cow's milk advocated by Dr. Raue is that devised by Chapin, of New York, and consists in obtaining primary formulas of top-milks of varying fat percentage by dipping off certain numbers of ounces from a quart jar of milk. Thus, the upper nine ounces from a quart of milk that has stood long enough to allow the cream to rise to the top contains, on an average, 12 per cent. fat, while the lower fifteen ounces contain 8 per cent. fat. By diluting the primary formula anywhere from one to five times with a sugar of milk solution or a dextrinized barley-water solution, almost any desired proportion of fat, proteids and carbohydrates can be obtained.

Dr. Raue is not favorably impressed with laboratory milk, and has seen malnutrition, gastro-intestinal catarrh and rickets develop in babes fed on it. He quotes Starr and Fischer, who have expressed adverse criticism on this mode of feeding. Theoretically, percentage feeding would seem the most perfect method of artificial feeding, but the results are not to be compared with those obtained by the simple methods of milk modification in the hands of a man who studies each case individually.

The question of the superiority of milk sugar over cane sugar is brought up, and the writer claims that the objections commonly urged against cane sugar are theoretical, as it is an excellent food, and in many instances preferable to milk sugar. This is especially so in cases of diarrhœa. He offers the following conclusions :

Infant feeding is based largely upon empiricism, scientific *a priori* deductions not always corresponding with the results following the application of the principles on which they were based.

Every case must be approached from the standpoint of its own individual requirements and not merely as the integral part of a standard and accepted type.

It is not possible to tell beforehand what a child will digest, and it may require repeated alterations in the food before the proper one is discovered.

The size and requirements of the child are safer guides in determining the quantity of food for each feeding than standard tables arbitrarily devised.

Slight variations in the composition of the food are of minor importance and mathematical accuracy in its preparation, although a triumph of chemistry is of no practical value clinically.

Clinical indications for varying the proximate principles are the only ones deserving any attention.

Pure, raw cow's milk, suitably modified, is the ideal substitute for the breast.—*Homœopathic Journal of Pediatrics*, October, 1902.

F. Mortimer Lawrence, M.D.

**TYPHOID FEVER IN CHILDHOOD.**—Dr. C. S. Raue asserts that typhoid fever in children assumes certain clinical peculiarities making it a condition more or less distinct from typhoid fever in adults. The eruption of rose-spots and ulceration of the intestines are not as constantly present, and the fever is more remitting in type and of somewhat shorter duration. The symptoms are, as a rule, milder, and diarrhœa may occur only in the later stages. There is, however, a severe type of typhoid that may present every unfavorable symptom of the disease as encountered in the adult. Hæmorrhage and perforation of the bowel may occur, but in grave cases toxæmia usually plays a more prominent rôle than anatomical lesions.

Only in recent years has it been recognized that typhoid fever is a common disease in children. It was confounded with simple continued fever and malaria. The term "infantile remittent fever" was long used to designate this condition. There are two types of typhoid in children. The one is easily overlooked, as it is practically a continued fever without complications or alarming symptoms; the other is a grave condition, frequently fatal, and is characterized by pronounced nervous symptoms or intense intestinal symptoms. A long list of complications may appear in this variety. It is rare before the second year, but the writer has encountered it in infants. The lesions are not characteristic, as in adults, on account of the undeveloped condition of the glandular structures. Ulceration is not pronounced.

The onset is usually gradual, but may be abrupt, in which case there is either a complication, such as acute indigestion or tonsillitis, or it is a case of acute typhoid septicæmia. After attaining its acme the fever assumes the remitting type. Toward the end of the second week the morning remission becomes more pronounced, and the evening temperature lowered, and the pyrexia disappears by lysis. A typical, uncomplicated case of moderate severity in a child of 10 years or under runs a course of from seventeen to eighteen days. Severe cases, or those with complications, run for a longer time, and may be indefinitely prolonged or fatal. Abortive cases are also common.

The writer has been impressed with the large number of cases in which the clinical picture is limited to continued fever, malaise, heavily-coated tongue, and constipation. Gurgling in the ileo-cæcal region and tenderness are usually so ill-defined that they easily escape notice. Rose-spots and enlarged spleen may be absent, and yet the accuracy of the diagnosis is indicated by the Widal reaction.

Great difficulty in diagnosis is presented by cases without intestinal localization. The acute typhoid septicæmias are of this character. In such cases we are justified in diagnosing typhoid fever when a pronounced toxæmia confronts us and lobar pneumonia and meningitis can be excluded.

In the treatment, diet and hydrotherapy play a prominent rôle. Milk must often be modified before it will agree. Should curds appear in the stool the milk must be still further diluted or entirely discontinued. Strained vegetable soups, plasmon, malted milk, and Mellin's food are often useful. Beef



peptones must be given cautiously when the kidneys are not eliminating properly. Water must be administered freely. Stimulation may become necessary in the later stages of the fever. The first and most prominent indication is failing heart. Other indications are continued delirium of low, muttering type; dry, trembling tongue; tympanites, and failure to react to remedies. The sponge-bath, either cold or tepid, according to the idiosyncrasy of the patient, is usually sufficient to control the fever. As a substitute for the full bath, the writer has found that sprinkling the body with water at 70° to 80° F. gives excellent results. The leading remedies are baptisia, bryonia, gelsemium, and rhus tox. Hyoseyamus and phosphoric acid are often required for special conditions. Toxæmia is often well controlled by rhus tox. when other apparently well-indicated remedies fail.—*The North American Journal of Homœopathy*, Dec., 1902.

F. Mortimer Lawrence, M.D.

**SURGICAL HINTS.**—When ligatures have to be hastily improvised out of household materials, linen thread certainly takes the first place, silk sewing-thread comes next, and cotton is a poor last.

In important amputations, always loosen the Esmarch bandage very gradually, after having tied the few vessels whose divided ends may easily be found. This prevents a too rapid distention of the vessels with blood, and any further bleeding is more easily controlled.

After suture of the divided ends of a nerve, the surgeon should not predict a prompt restoration of function, nor should he be discouraged because this does not soon take place. Massage, passive motion, and the use of the Faradic current will often result favorably after long intervals of time.

The mere fact that it is impossible to thoroughly sterilize some of the cavities of the body is no excuse for not doing as much as possible in this direction before operating upon them. Thorough washing out at any rate removes the excess of bacteria and of secretions favoring their development, and improves the facilities for obtaining good drainage.

If you have to tie a blood-vessel in an emergency, and you have no sterilized sutures, it will always be best to tie one end of the thread short and bring out the other end at one of the angles of the wound, allowing it to remain there. It will promote drainage, may be easily removed when it becomes loosened, and will diminish the chances of abscess formation.

In gunshot wounds of the skull, even when the external opening into the skull is quite clean cut, there is nearly always an extensive fragmentation of portions of the inner table. Loose pieces of bone should always be sought for, and trephining for this purpose is advisable if the patient's condition will stand it, and if fragments may be felt which cannot be removed through the bullet-hole.

If a prostatic patient is to be entrusted with a catheter it should be remembered that it is extremely important that the instrument should be kept thoroughly disinfected. There is only one safe way for the patient to do it, and that is by boiling. While it is true that this process will rapidly destroy the catheter, making its life a short one, the patient must be made to realize that it is better for him to buy new catheters pretty often than to run the risks of infection.—*International Journal of Surgery*.

Herbert P. Leopold, M.D.

THE TREATMENT OF VASCULAR NEOPLASMS BY THE INJECTION OF WATER AT A HIGH TEMPERATURE.—For the past two years Wyeth, of New York, has treated a number of cases of angiomas by the direct injection into their substance of water at a high temperature,  $190^{\circ}$  to  $212^{\circ}$  F., and over. He employs a syringe with a metal cylinder and adjustable piston, with needles of varying size; and, under ordinary aseptic precautions, boiling water taken directly from a cauldron is injected into the substance of the tumor. The quantity of water and the temperature should vary with the size and character of the neoplasm. In the arterial and venous tumors of large size the needle is thrust deeply into the mass, and from thirty to sixty minims of water are forced out. It is then withdrawn from one-half to an inch, and this operation repeated until the entire tumor is solidified. The water must be hot enough immediately to coagulate the blood and the albuminoids of the tissues, but it should not be forced in so extremely hot and under such pressure as to scald and produce necrosis of the skin. When there is a slight bleaching of the integument the injection should be discontinued in that area. In the treating of the capillary nævi or "mother's marks," a small instrument with a delicate needle, and water a little below the boiling point (about  $190^{\circ}$  F.), is preferable. Not over two to six minims should be injected in a single puncture. Starting from various points at the periphery, these may be repeated in a week or ten days. To keep the water at boiling point, a Bunsen burner may be held under the barrel while the operation is being done. The operations were performed under complete narcosis, and in no instance has any painful symptoms or septic reaction ensued.—*The N. Y. Med. Journal*.

Herbert P. Leopold, M.D.

THE METHOD OF TREATING CONGENITAL DISLOCATION OF THE HIP, AS ORIGINATED AND PRACTICED BY PROFESSOR ADOLF LORENZ.—The method consists in a series of manipulations by which the head of the dislocated femur is reduced into the acetabulum, the dislocating muscles and ligaments stretched, and the acetabulum deepened. The limb is then encased in plaster of Paris, standing in the position of abduction  $90^{\circ}$  and flexion  $90^{\circ}$ , to so remain for six to nine months. This is followed, usually, after the removal of the plaster of Paris, by such exercise and massage as will stimulate the muscles giving stability, and prevent those muscles from contracting, which would tend to produce relaxation. The younger the patient the more easily the reposition can be effected; the age most appropriate is from three to five years, when he can get from 90 to 95 per cent. of anatomical repositions. When operating an ideal case, no elaborate instruments are required. There should be a good, solid table, about 30 inches high, 26 inches wide, and 7 feet long. A sand-bag,  $3\frac{1}{2}$  by 6 by 14 inches, should be placed under the pelvis, and an oak wedge  $3\frac{1}{2}$  inches base,  $3\frac{1}{3}$  inches high, and 9 inches long, with rounded leather-covered edge, to be used as a fulcrum for the trochanter major.

The child having been anæsthetized and the pelvis held firmly by the assistants, the surgeon flexes the limb quite to  $80^{\circ}$ , and then strongly abducts, with pressure and massage over the origin of the abductors, and with alternate relaxation and application of force in abduction, the limb is forced to  $70^{\circ}$  to  $90^{\circ}$  of abduction, and flexion  $90^{\circ}$ . By this manœuvre the head is forced downward, opposite the contraction in the capsule.

At this point, should the reduction not have taken place before, the wedge is adjusted under the great trochanter, and the operator proceeds to hunt for the contraction and try to introduce the head through it into the acetabulum. In this endeavor, the limb being abducted to  $70^{\circ}$  to  $80^{\circ}$  and flexed to  $80^{\circ}$ , he slowly forces the limb toward superextension and flexion  $110^{\circ}$  to  $115^{\circ}$ . Then, slightly adducting from this position, the limb is again brought to flexion  $80^{\circ}$ , and abduction  $70^{\circ}$  to  $80^{\circ}$ , applying pressure upon the downward and backward sweep, the limb being rotated inward and downward, according to the deformity of the neck, and again abducted to almost superextension and flexion  $115^{\circ}$ , in any of these excursions the characteristic click may be heard.

The plaster of Paris bandage is then applied in what is called the "primary position," which consists of the thigh being held abduction  $90^{\circ}$  and flexion  $90^{\circ}$ , and the knee flexed at a right angle.—*N. Y. Med. Journal*.

Herbert P. Leopold, M.D.

**OBSESSIONS; FIXED IDEAS; INDECISIONS; IMPERATIVE CONCEPTIONS; ABULIAS; PHOBIAS.**—This is the title of an excellent paper by Diller, of Pittsburg, Pa. Of most interest, perhaps, to the general practitioner, are his remarks on "Masturbation," in the course of which he says: "It may not be inappropriate at this point to remark upon the unwisdom exhibited by most teachers, parents and clergymen in their preaching against the habit of masturbation. The boy is usually told that masturbation must inevitably lead to mental and physical deterioration, and that its victims carry the evidence of the habit plainly stamped in their faces. Could any teaching be better calculated to engender the train of morbid ideas which have been related in the history of the few cases quoted?"

"Is it not, in a great measure, responsible for an enormous amount of mental suffering among that class of men and boys whom the advertising quack classifies under the headline 'Lost Manhood?'"

It is quite agreeable to note that most of the recent writers on sexual debility strongly condemn false teaching as to the results of masturbation. The writer says that it is his custom to point out to these unfortunate sufferers that the vast majority of young men have masturbated at some time in their lives, and that it is impossible for any one to tell from the facial expression that they are masturbators.—*Medical News*, Nov. 22, 1902.

William F. Baker, A.M., M.D.

**EARLY STAGES OF INEBRIETY**—(Crothers).—The title suggests (1) that the condition is a chronic one, and also that the disease follows a course; (2) earlier symptoms are seldom recognized. Heredity is the largest and most important factor in the causation; it may be from inebriate, insane, idiotic, consumptive or epileptic parents.

He divides the symptoms into two groups, (a) free alcoholic and (b) post-alcoholic stages. During these stages a number of prominent symptoms appear and increase up to a certain point, where inebriety is recognized, and there they change and are lost in other and more distant signs of progressive degeneration. Thus, a child at puberty, and later on at full manhood, will develop an unstable brain and a nerve organism easily exhausted, associated with a capricious appetite for food and drinks. This will continue with varied neurasthenic states till inebriety manifests itself unmistakably. These symptoms of brain instability and food delusions may appear in previously healthy men, following illness or shock.



Another class consists of those who have been profoundly poisoned by alcohol, then abstained for an indefinite period, and finally become inebriates. Many temperance-workers and lawyers are found in this group. States of neurasthenia with food delusions produce exhaustion which opium and alcohol relieve. The ultimate result is easily seen. If these earlier states could be recognized and treated properly, no doubt much of the misery and subsequent suffering could be avoided.—*Medical Record*, Oct. 25, 1902.

W. F. Baker, M.D.

**THE TREATMENT OF PNEUMONIA.**—Sir Dyce Duckworth, in opening his article, pays special attention to the very important fact that "we do not treat diseases, but sick people who suffer from diseases." Bearing in mind that pneumonia is a specific fever, and that it is a systemic disturbance, the personal equation of the patient enters largely into the consideration of the treatment. A warm bed and good nursing are essentials in the treatment. Following this, efforts should be made to control the temperature by cold sponging or ice-cradle. The use of modern antipyretics is dangerous.

The natural history of the disease shows that the inflammatory process comes to an end about the 6th or 7th day, therefore the temperature should be studied every day. Care should be exercised not to be misled by the pseudo-crisis which occurs on the 5th day. At this time sweating and diarrhoea set in, and are the means of ridding the system of waste matters.

As to the treatment of the heart, it can be said that in the majority of cases the heart is strong enough to stand the strain. With the exudate pressing on the small vessels and preventing free circulation, thereby causing an engorgement in the right heart, it can be seen that there is considerable of an extra strain placed on it. The general rule to be laid down here is, "First, give oxygen. Following, it is well in cases of heart-failure to use strychnia."

As to the use of stimulants, many cases in the young are treated without stimulation; but if there be engorgement of the right side of the heart with the first sound barely audible at the aortic area, stimulants should be given.—*The British Medical Journal*, Nov. 15, 1902.

William F. Baker, A.M., M.D.

**THE TUNING-FORK AS AN AID IN DIAGNOSIS.**—(Stretch.)—While the tuning-fork has been of great value to the aural surgeon, its use in diagnosis in pulmonary conditions has been suggested by a remark which is frequently heard in earlier and convalescent stages, that the patients, "when speaking, can hear or feel their own voices vibrating in the affected area." It was then found that the vibrations of the tuning-fork were felt by the patient most distinctly when placed over a dull region, less distinctly when placed over an early or transitional dullness, and least over healthy lung. It was also found that in intelligent persons it gave better results than methods of percussion. It was further noticed that, though the differences were not so decidedly marked as in the preceding instances, on auscultating the back of the chest, when the tuning-fork is placed over a corresponding part on the front of the chest, it is more distinctly heard through healthy than through consolidated lungs. This, too, was the reverse of the patient's own appreciation of the vibrations, the patient feeling them more over the dull part.

In cases of pleurisy, with effusion, it appeared that the vibrations were less appreciated by the patient and by myself. It is necessary that the tuning-

fork, when applied, shall be vibrating with equal intensity over the various areas.

The use of the tuning-fork is also suggested in cases of brain tumor.

A rough estimate of the varying distinctness with which the vibrations of the tuning-fork are felt when applied to a dull or resonant area can be made by placing it over first the liver, then the lung, then the abdominal cavity.—*The Lancet*, Nov. 15, 1902.

William F. Baker, A.M., M.D.

**TAPE-WORM AS A POSSIBLE CAUSE OF DIABETES.**—Judson reports two cases in which tape-worms were found associated with glycosuria. In one case it was impossible to dislodge the head of the worm, and the patient went through the usual diabetic course. Autopsy revealed a liver enlarged, and a tendency to cirrhosis. The lungs were tuberculous and the pancreas apparently normal, though no microscopical observations were made. Case II. had gangrene of the big toe, and was not followed by the disease to its termination. Judson suggests the theory that the head of the tape-worm might very possibly get into the pancreatic duct and become well fixed in the wall by means of its little hooklets, and through the inflammatory change cause an occlusion of the duct. We know that extirpation of the pancreas causes a glycosuria in animals, owing to the absence of the internal secretion, the presence of which is necessary in order that the normal assimilative processes can take place with the glycogen. If the duct be occluded, no doubt, in time, the gland will atrophy, and would practically be in the same position as if it were excised.—*The Lancet*, Nov. 8, 1902.

William F. Baker, A.M., M.D.

**A CASE OF GENERAL PNEUMONIC INFECTION IN A CHILD OF SEVENTEEN MONTHS.**—(Spitta).—It is well known that the pneumococcus is an organism which not only presents extraordinary modifications in its degrees of virulency, but also is associated with various diseases whose clinical aspects differ widely from one another, though, from a bacteriological standpoint, the causal agent is the same,

The pneumococcus has been found in 60 per cent. of cases of lobar pneumonia, and added interest is given to the study of this organism when we find it associated with the many complications. Those of most importance are pericarditis, pleurisy, empyema, arthritis, otitis media, meningitis, peritonitis, etc.

The case illustrates, in a fairly conclusive manner, some of the varied secondary infections which may arise from a primary lobar pneumonia. The case is quite interesting, because it presents a number of complications.

The case was one of right-sided apical pneumonia. Also at this time was noticed a swelling of the left elbow. The following day the presence of an empyema was made out, from which exudate the pneumococcus was recovered and cultivated in a pure state on blood agar and blood broth.

Two days later the temperature had fallen almost to normal, when the elbow-joint was noticed to be more inflamed and more swollen. The joint, being tapped later, showed the presence in the serum of pneumococcus, but a pure growth could not be obtained for a few colonies of the "staphylococcus epidermis." For nearly three weeks the child remained about the same, the treatment being directed to draining of pus from the pleural cavity. Some little time after this procedure the blood from the median basilic vein of the right

arm was experimented with, and from this Fraenkel's diplococcus was obtained in pure state.

The child at this time began to decline. Frequent vomiting set in, with retraction of the head. Tympanitis soon appeared. A lumbar puncture, with removal of cerebro-spinal fluid, showed a comparative abundance of capsulated, Gramm-staining cocci. The following day the child died.

In conclusion, it will be interesting to tabulate the complications and results of observation:

*Bacteriological Report.*

Original pneumonia, March 7th to 12th, . . . . .	Pneumococcus.
Left elbow-joint, March 17th to 18th, . . . . .	"
Empyæmia, March 24th, . . . . .	"
Blood examined, April 20th, . . . . .	"
Cerebro-spinal fluid, April 24th, . . . . .	"
Death, April 28th, . . . . .	"
Necropsy, April 30th, . . . . .	"
Lung squeezing, . . . . .	Diplococcus pneumoniæ.
Elbow-joint, . . . . .	"

—*The British Medical Journal*, Nov. 15, 1902.

William F. Baker, A.M., M.D.

ORTHOFORM IN THE DIAGNOSIS OF GASTRIC ULCER.—Orthoform is a local anæsthetic when brought in contact with exposed sensitive terminal nerve endings, as in burns, ulcers, etc., and is practically non-toxic, sixty grains having been administered in twenty-four hours without giving systemic effects. Mauquat used this substance to relieve the pain of gastric ulcer, but the author has used it for diagnostic purposes, reporting two cases. In these, gastric ulcer being suspected, orthoform was given in eight-grain doses, and the patient put upon liquid diet and treatment for gastric ulcer. Pain was relieved, and both cases made a good recovery. In doubtful cases, where ulcer is suspected, Fenwick gives a teaspoonful of salt in a glass of water when the stomach is empty. If an open ulcer is present, this usually brings on a sharp attack of pain; he also uses a weak galvanic current for the same diagnostic purpose.—F. H. Murdock, *New York Medical Journal*, Nov. 22, 1902.

Paul F. Felsberg, M.D.

RECURRENT VOMITING IN CHILDREN, WITH REPORT OF CASES.—A disorder characterized by a sudden onset of persistent vomiting, without other gastro-intestinal symptoms, is nowadays accepted by pediatricists and is spoken of as "cyclic vomiting," "periodic vomiting," etc. Gee was the first to describe the condition, in 1882, when he reported a series of cases under the title of "Fitful or Recurring Vomiting." Shaw reports 4 cases, and discusses the disease as follows:

*Etiology.*—Comby, in France, and Rachford and Starr, in this country, look upon the condition as a manifestation of the uric acid diathesis. Holt shares the same belief. He demonstrated a perceptible falling-off in the output of uric acid during an attack. Rachford claims that poisonous leucomaines are the cause of the symptoms.

Marfan lays great stress upon the presence of acetone in the urine and vomited matter. Of itself it is of but slight significance, but as it is always an accompaniment of poisonous excrementitious products (the various leucomaines), its elimination seems to be a clear indication that the system is bur-



dened with the same. Valagussa corroborates the findings of Marfan, as does also Marcy. The weight of evidence, therefore, seems to be in favor of the theory of auto-intoxication.

Hereditary influence is admitted. The disease is not transmitted directly, however, but gouty parents may transmit a defective liver, together with other defects in the digestive tract and in the kidneys.

*Symptomatology.*—Vomiting is the chief symptom. It is brought on at the slightest provocation, often without any apparent cause. The vomiting consists of mucus and bile; it may contain acetone. Free HCl may or may not be present. There is great thirst and anorexia. The tongue is clean and red and the bowels are constipated. The temperature does not rise above 100.5° F. (Holt.) The urinary condition is important. Uric acid is excreted in excess before the attack and sometimes during the same. Indican is frequently present. Albumin and casts have been found. Acetone may be present.

The course is short. It may last from a few hours to a week or longer. As the name implies, it is most apt to recur.

The chief diagnostic data are the absence of inflammatory symptoms in the gastro-intestinal tract; the absence of high fever, and the persistent character of the vomiting. The presence of a gouty or neurotic family history is also of value, as are the manifestations of lithæmia that may be present in the patient himself. The prognosis is favorable.

The course is not affected by treatment. Prophylaxis is the most important therapy. All sources of reflex irritation should be removed and overstudy avoided. Plenty of out-of-door exercise must be prescribed.

Absolute rest to the stomach is imperative. An early purge is of benefit. Marfan reports excellent results from high saline enemata.—*Archives of Pediatrics*, Nov., 1902.

C. Sigmund Raue, M.D.

AN ANALYSIS OF SEVENTY-ONE CASES OF TYPHOID FEVER IN CHILDREN.—Drs. Hand and Walker have analyzed a series of cases of typhoid fever in children, with the following result: Males, 59 per cent.; females, 41 per cent. The duration of the fever ranged from nine to forty-four days. The temperature reached normal on the twenty-fourth day, on the average. The Widal reaction was obtained in about 90 per cent. of the cases where it was tried for.

Enlargement of spleen, 83 per cent. of cases; spots, 80 per cent.; constipation, 42 per cent.; diarrhœa, 38 per cent.; delirium, 13 per cent.; intestinal hæmorrhage occurred in 4 cases. Complications occurred in 18 per cent.; otitis was a common complication. Pneumonia, alveolar abscess, caries of the jaw, peripheral abscess, cervical adenitis, jaundice, furuncles, vaginitis, nephritis, noma, diphtheria and cystitis were all noted.

Relapses occurred in 6 cases. The mortality was 4.2 per cent. The treatment was expectant.

From this it will be seen that, while typhoid fever, as a rule, runs a mild and often an abortive course in children, still it may assume a very grave aspect and present all of the perils of the disease in the adult.—*Amer. Jour. of the Med. Sciences*, June, 1902.

C. Sigmund Raue, M.D.

**THE MANAGEMENT OF FAT PERCENTAGE IN FEEDING DIFFICULT CASES.**—Dr. Westcott insists on the accurate determination of the proper percentages of fat and proteids in feeding infants. In the case of ordinarily healthy infants, almost any combination of the milk solids within the average limits of dilution may prove successful. Unfortunately, however, the pediatricist is frequently called upon to treat abnormal infants, or those whose digestive organs have been damaged by previous disease or unskilful feeding; and it is here that the more delicate manipulation of percentages becomes absolutely necessary. This is not the mathematical fad of a visionary theorist, but an absolute clinical fact.

The keynote to the dietetic treatment of these cases is relative underfeeding. The majority of these infants are subject to chronic catarrhal inflammation of the entire or some limited portion of the alimentary tract. The most troublesome cases are those of chronic gastritis or chronic high intestinal catarrh.

Holt is the only writer upon infant dietetics of recent years who points out that high percentages of fat may cause as much disturbance in the infant's digestion as high proteids. While the simple rules for regulating the fat percentage work in ordinary cases, still it often becomes a question of considerable difficulty to recognize the disturbing influence of too high fat percentage in which vomiting is a constant feature of the disease. In the severer cases of chronic gastric catarrh and high intestinal catarrh, a certain amount of vomiting and regurgitation of food is to be expected for a considerable length of time. While it is true that a certain number of these cases may digest as much as 2 and even 3 per cent. of fat, still, when the contrary condition holds good, we must avoid confusing fat indigestion with proteid indigestion—an error commonly committed.

The following method of supplying increasing proportions of fat and caseinogen is recommended: A milk and water, or cream, milk and water mixture of convenient amount, say fifty fluid drachms, is prepared, and an appropriate amount of milk or cane-sugar is added. For the cases found to have intolerance of rapid increase of fat, as shown by increased regurgitation and pain after the advance in the percentage, plain milk alone should be used in the milk mixture. Beginning with one teaspoonful, increasing quantities of milk and cream mixture are to be taken in combination with enough whey to make up the total quantity of the feeding. The important fact to bear in mind is the rapid increase in the fat percentage and the trifling increase in the proteid percentage produced by the addition of the cream.—*Archives of Pediatrics*, November, 1902.

C. Sigmund Raue, M.D.

**WALCHER'S POSITION.**—(Möller.)—The writer undertook pelvic measurements of the cadavera of eighty-seven women; twenty of these were puerperæ, ten were pregnant, and there were four children under thirteen years of age.

The measurements were taken, as a rule, twenty-four hours after death, with a specially-constructed apparatus. The conjugata vera in all eighty-seven cases was enlarged from extreme flexion of the femora to the extreme extension of 6.26 millimeters, and from the lithotomy position to the extreme extension of 2.05 millimeters. The figures for the twenty pregnant and puerperal women were respectively 8.7, 5.37 and 2.65. The maximum enlargement of the conjugata vera amounted to 16.9 and 6 millimeters.

The writer advises that Walcher's position should always be used for the delivery of the head through the brim of the pelvis in cases of difficult labor. If the head has passed through the brim of the pelvis the femora should be flexed as much as possible, and also if there is contraction in the outlet of the uterus.—*Centralblatt für Gynakologie*, No. 34, 1902.

George R. Southwick, M.D.

THE RELATION OF DIABETES TO PREGNANCY.—(Skobanski.)—From an inquiry into the subject at the clinic in St. Petersburg, the writer concludes that diabetes insipidus may have no influence upon the generative organs. The patient may become repeatedly pregnant and give birth to a healthy child, but in the majority of cases pregnancy has an unfavorable effect upon the disease.

Diabetes may disappear entirely after labor, or the condition of the patient may be much improved. It not infrequently happens, however, that the signs of diabetes do not diminish after labor, and the patient dies from tuberculosis. Like diabetes mellitus, diabetes insipidus may appear only during pregnancy, and disappear in a subsequent pregnancy. Diabetes insipidus sometimes causes atrophy of the generative organs or prevents their development.

The child born full term is usually healthy, but in about one-half of the cases pregnancy terminates prematurely.—*Ibid.*

George R. Southwick, M.D.

NODE-LIKE CLOUDING OF THE CORNEA.—This affection, as described by Groenouw, has the following characteristics: It consists in the appearance in the cornea of small, round, non-confluent cloudings. The large cloudings have a diameter of  $\frac{1}{4}$  mm., and between them lie dust-like cloudings, or gray points. The changes occupy usually the central parts of the cornea, leaving the periphery more or less clear. The large points push up the corneal tissue to a slight extent, and cause, in this way, a slight curve in the corneal surface. These cloudings exist without inflammatory symptoms, and they may remain unchanged for years. It is certainly a very rare affection, for Fuchs has only observed 8 cases in 20,000 new patients.

The etiology of the disease is very obscure. In the anatomical examination which Fuchs had an opportunity of making he found no evidences of inflammation, but rather of a degeneration, which, in his opinion, is the expression of some general disturbance in the nutrition of the cornea, the exact nature of which is not known.—Dr. Ernest Fuchs, Vienna.—*Archiv für Ophthal.*

William Spencer, M.D.

THE USE OF CITRATE OF COPPER IN TRACHOMA.—Von Arlt has had such excellent results with citrate of silver as substitute for nitrate of silver that he has been recently trying the citrate of copper. He uses the agents in the form of a salve, 5 to 10 per cent., mixed with glycerine and starch. It is applied on the end of a glass-rod, and is rubbed in the conjunctival sac. The lids are then closed, and massage is employed for about half a minute. The pain is slight and transient. The treatment should be repeated two or three times daily. It is a great advantage that the patients can employ the treatment themselves. He refers to three cases of pannus in which the trouble



disappeared in from seven to twelve days. Corneal ulcer forbids its use ; so also when the individual is taking iodide of potash.—Dr. F. R. Von Arlt, *Annals of Ophthal.*

William Spencer, M.D.

MAY KERATITIS BE CAUSED BY ERGOTIN?—Some four years ago the author reported an epidemic of ophthalmia among some of the animals in the Zoological Gardens in his city. The symptoms were those of a very intense keratitis. He concluded that the disease was caused by the food, which he found to contain large quantities of ergotin. The following case in a human being only served to strengthen this view of the matter. The patient was a woman 43 years old, who complained of bad vision in the right eye. She thought she had caught cold. The vision in this eye had been reduced to one-half. The ophthalmoscopic examination was negative. The ciliary vessels were slightly engorged, and there was a very marked parenchymatous clouding of the cornea, shaped somewhat like a pterygium, with the apex directed towards the centre of the pupil. This clouding was not completely opaque, but showed here and there normal transparent points. The general history was negative. It appears that the patient had been taking for metrorrhagia twenty-five drops of ergot three times daily, according to the directions of her family physician. This she had been doing for ten days. No treatment was suggested except warm applications, which were employed simply as a placebo. The clouding rapidly cleared away. At the time of the next menstruation she was ordered again to resume the ergot, which she did, and again the corneal clouding made its appearance, with marked visual disturbance. The ergot was at once stopped, and the corneal trouble began to disappear. He attributed the corneal disease to disturbances in the general nutrition of this locality, caused by the ergotin.—Dr. Gera Henricke, *Annals of Ophthalmol.*

William Spencer, M.D.

A CASE OF PANOPHTHALMITIS CURED BY THE INTRODUCTION OF IODOFORM INTO THE INTERIOR OF THE EYE.—I have more than once alluded in these annals to the observations of Haab, Mayweg, Gold, Zieber and others in connection with this method of treating intra-ocular infections. He reports a very interesting case of cataract extraction, when, thirty-six hours after the operation, panophthalmitis made its appearance, with pus in the anterior chamber. Inasmuch as treatment in these cases is of no avail, he adopted the procedure of opening the anterior chamber, cleaning out the pus and introducing a small iodoform disk into the anterior chamber. Improvement was rapid and substantial, and in a month the patient could read ordinary type, and with convex 10 D. had a distant vision of one-fourth. It would seem as if the method were applicable to those cases in which our usual methods have been shown for a long time to be inadequate.—Dr. Heinrich Schmidt, *Annals of Ophthalmol.*

William Spencer, M.D.

THE IDEAL RESULTS TO BE KEPT IN VIEW IN THE OPERATIVE TREATMENT OF CONVERGENT STRABISMUS IN CHILDREN.—The successful outcome of operation for squint depends largely upon subsequent wearing of glasses, which is greatly objected to, especially in the upper classes, because of marring the child's appearance. A certain consideration should be given to this aversion. To minimize the length of use of glasses, the author follows this plan :

A minimum amount of muscle-cutting, usually a tenotomy of the internal rectus of the squinting eye, which commonly left a residual squint.

The establishment of binocular fixation by the careful adjustment of glasses, prisms being not infrequently combined with the necessary correction of the refractive error. Then, the gradual withdrawal of the help afforded by the glasses, beginning usually with a reduction in the strength of the prisms, and, when they have been eliminated, treating the special correction in the same manner, until finally the glasses are put aside altogether or, at most, are worn only in near vision.

A high degree of hypermetropia, pronounced anisometropia, decided astigmatism, and, above all, that marked indisposition to binocular vision encountered in some strabismic individual, were mentioned as the conditions which militate against the success of the method.

A brief account of an illustrative case was given, the patient being a little girl, 4 years of age, with a marked convergent squint and Ht. = 3.50 D. After a tenotomy of the internal rectus of the squinting eye, binocular vision was soon established by sphero-prismatic glasses. After this had been maintained for about two months the glasses were gradually withdrawn in the manner described, and within four months of the date of the operation were put aside altogether. In the five years which have since elapsed the squint has shown no sign of returning, and the child, with no help from glasses, has been entirely free from asthenopia.—S. Theobald, M.D.—*The Jour. of Ophthalm., Otol. and Laryngol.*

William Spencer, M.D.

**OCULAR COMPLICATIONS OF MENINGITIS.**—The case reported is that of a male, 19 years old, who had enjoyed good health until he developed an acute outbreak of meningitis, accompanied with pain in the neck and coccyx, vomiting, and right hemiplegia. Slight improvement took place, followed in a few days by a relapse, during which time a divergent squint developed on the right side. A few weeks later, complete blindness, lasting almost a month's time, appeared.

Following another acute exacerbation of pain in the head and limbs the patient rapidly improved, vision greatly improving. Eight years after these attacks, vision was found to be better, but the visual field of the right eye had become concentrically contracted. Thirty years after, vision with the right eye equalled four-tenths of normal, while that of the left was one-half of normal. At this time some improvement followed the use of electricity.

With the exception of a slight paleness of the disk, there were not any alterations in the fundi.

The author compares his case with other similar cases reported, and believes them all to have been the result of basilar meningitis: especially so, on account of the involvement of the oculo-motor nerves. The favorable result teaches us, he says, not to be too pessimistic in regard to the prognosis of the post-ocular complications of meningitis.—Dr. Le Prince.—*Annals d' Oculistique.*

William Spencer, M.D.

## MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND  
THERAPEUTICS.

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CONDUCTED BY O. S. HAINES, M.D.,with the collaboration in German literature of C. Sigmund Raue, M.D.,  
and in French literature of Chas. Platt, M.D.

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THE TREATMENT OF TYPHOID FEVER.—At a recent meeting of the Chicago Clinical Society, Dr. H. V. Halbert read a paper entitled, simply, "A Few Cases." This took the form, apparently, of one of those profitable heart-to-heart talks which call forth so much good discussion and which are so enjoyable. During the reading of this paper, Dr. Halbert spoke at some length upon his experience in the treatment of typhoid fever. He emphasized the necessity, first, of *systematic treatment* from the very beginning of the attack, stating that he believed we reduced the danger to a minimum in this way. There can be no doubt of the truth of this. We have long thought that the prognosis, in typhoid, depended largely upon how early the patient can be gotten to bed and under systematic nursing and treatment. The author seems to adhere pretty closely to the ordinary limited liquid diet in this fever. But he has found that in some cases anæmia and exhaustion demand broths of considerable strength before the temperature will behave and the general condition improve. Another factor, often overlooked, is the necessity for *absolute quiet* in the surroundings of the typhoid patient. Perfect quietude subdues delirium, sustains the heart's action, and minimizes the subsultus and involuntary sphincter action. All physicians will agree with Dr. Halbert in his estimate of the importance of *systematic sponging*. He thinks he can obtain the results sought by the regular use of the ten-minute fever sponge, with tepid or cool water. The empirical use of the cold bath in typhoid is slowly but surely giving place to the milder and safer procedures, and so it should. We should note carefully the author's remarks respecting his experience with the *normal salt high enema*. If he were obliged to make a choice in the general treatment of typhoid, he thinks he would place greatest confidence in this procedure. Nothing gives greater relief to the high temperature. He gives it every morning, and repeats it during the day, whenever the temperature remains at 103° F. for any length of time. Should *tympanites* be excessive, ten drops of oil of turpentine, in white of egg emulsion, may be added to this enema. One advantage in this high enema is that it would secure a regular evacuation of the bowels daily, and this is a most important point to remember. Then, again, it probably counteracts the toxæmia to some extent. The profession has not yet reached any very definite conclusion upon the subject of intestinal antiseptics. We have not been at all favorably



impressed with the results of some experiments made with the antiseptic treatment of typhoid fever. Dr. Halbert admits freely that he places much stress upon this mode of practice. He gets better results when he continues the antiseptic treatment throughout the run of the fever. Methylene blue is his favorite, and he says that since he adopted this adjuvant, some five years ago, he has had less doubt about the outcome of his fever cases. This is a very positive statement. Dr. Halbert feels that this drug has made his percentage of recoveries higher both in private and in hospital practice. He administers, four times daily, four grains of the first decimal potency. This dose is continued until there is a safe convalescence. Methylene blue used to be much vaunted by physicians here in the East; but, of late, they have spoken less often of its virtues. We have "tried" methylene blue in obstinate neuralgias (sciatica), in gonorrhœas, in gonorrhœal arthritis, in grave typhoid fever. It has no value, as far as our experience goes. It must not be inferred that Dr. Halbert thinks lightly of the indicated homœopathic remedy in typhoid fever. On the contrary, he regards the homœopathic remedy as of unusual value. He speaks particularly of the value of baptisia. Typhoid fever is a condition calling for the closest differentiation of our remedies. We do best for our patient when we sink the pathology for the moment, and prescribe as accurately as we can for the actual, tangible, visible symptomatic manifestations of the typhoid condition. It would seem likely that the constant administration of methylene blue would make the selection of the homœopathic remedy more difficult, and its action less certain. But these reports of individual experience are very valuable. They should be received in the spirit in which they are offered, and without prejudice or unkind criticism.

**COUGHS.**—Dr. Armstrong says, never prescribe for a cough without examining the chest, for you may find an aneurysm which is causing the whole trouble. He has, just now, a patient with a small aneurysm of the subclavian artery. The aneurysm is so small that it can only be detected after the patient has been exercising. *Calcarea fluorica*, in alternation with *ferrum phosphoricum*, relieved the cough produced by the aneurysm. It is always a good rule to ascertain the nature and cause of a cough before treating it. We had, quite recently, for a patient, a lady troubled with a harassing, dry night cough. She was emaciated from loss of sleep and from the stomach derangement consequent upon too much drugging. This cough was of several years' standing. It had been improved temporarily by treatment, but always recurred. One application of a pair of curved scissors to the end of the uvula cured the case, and we have been in a brown study over the case ever since, wondering how so many good physicians could have overlooked this cause; and, particularly, that we should have been fortunate enough to think of looking at the uvula. It is best to diagnose before we treat, contrary opinions notwithstanding.

**A SPECIFIC FOR RHUS POISONING.**—L. E. R., in *Eclectic Med. Journal*, claims that a mixture of one ounce of pulverized alum dissolved in eight ounces of whiskey will, if applied to the vesicated parts, give almost instant relief, and that within two or three days the trouble disappears. We have seen very prompt and satisfactory effects from the internal administration of such remedies as *rhus tox.* 30, *croton tig.* 6, and *anacardium orientale* 30. There is some

doubt as to whether we should treat the skin manifestations of rhus tox. solely by applications of astringents such as the above.

CLINICAL VERIFICATIONS.—Dr. A. Leight Monroe, of Louisville, has one of his original and characteristic papers in *Century*. It contains a number of excellent things. For example, the doctors says: "In attacks of asthma, when you have given arsenicum and it has not relieved, as you expected that it would, give nitric acid. This is a good point, for arsenicum sometimes disappoints. In pneumonia or capillary bronchitis, with great prostration, a tendency to venous stasis, that is cyanosis, we presume, remember lycopodium. Antimonium tartaricum is sometimes given, when the case really needs lycopodium. Try psorinum 30th for chronic diarrhœas and for otorrhœas that are intractable, and that are very offensive. Causticum will relieve more grip-coughs than any other remedy. When you have a spasmodic cough, *without* expectoration, remember hyoscyamus." It is surprising how nicely some of these little clinical pointers will come to one's aid sometimes. Our physicians should write about their own personal experiences oftener than they do. Dr. Monroe has written this paper for the "busy practitioner" whom we hear about so frequently.

THE FEEDING OF TYPHOID FEVER CASES.—Every one is deeply interested in this topic. Dr. C. O. Munns has a short article in December *Century*, in which he gives the method of feeding that he has followed. It differs somewhat from that of most of us, but the author feels sure that it shortens and lightens the attack, if carefully carried out. Our author starts with the theory that success in the treatment of typhoid depends largely upon the rapid elimination of toxic elements from the body. Hence the diet of such cases should be one that will not favor the development of bacterial life and poisonous products in the gastro-intestinal canal. It is said of milk and animal broths that they are excellent culture-mediums. Therefore, Dr. Munns would not allow them in typhoid,—at least not until towards the close of the attack, when the digestive fluids become active. He believes that it is our duty, as the first care of a fever case, to clear the intestinal canal of all partially digested material and other poisonous matter by a full dose of castor oil. Those who are opposed to such a course, upon theoretical grounds, had better try the procedure before deciding upon its disadvantages; for, while we are not in the habit of doing this ourselves, we must admit its utility and favorable action in certain cases. The dose of oil can be made less unpalatable by adding to it three or four drops of oil of cinnamon. After the canal has been cleansed, our author feeds his cases upon pure *fruit juices*. Water, ad libitum, and the juices of grape, orange, cherry, lemon, peach, lime and cranberry. If the patient's hunger is not satisfied by this, we may allow malted milk, egg albumen, whey, barley or oatmeal waters. During the prevalence of diarrhœa he omits the fruit-juices and allows some of the numerous artificial baby foods. Later on he adds pea broth, thin oatmeal gruel; and, when the morning temperature has fallen to normal, then he allows the animal broths and milk. If at any time during the attack the intestinal canal of the patient seems to contain an over-accumulation of toxic material, as shown by unfavorable symptoms, he does not hesitate to cleanse it by a dose of oil or the effervescent sulphate of magnesia. Not only typhoid, but other forms of autumnal fever which show the typhoid tendency,

due to auto-intoxication, give equally good results on the fruit-juice diet. If the premise is correct, this dietary seems reasonable and rational.

**GNORRHOEAL ARTHRITIS.**—Every physician will probably recall cases of specific arthritis, due to gonorrhœal infection, that have refused to yield to the carefully selected remedy—cases that have persisted and relapsed and lasted a long time. Some of these cases are enough to make a man feel the need of spiritual guidance in more ways than one. We had a case recently that presented as fair a picture of bryonia as could well be imagined. Yet several weeks' treatment yielded no results. High and low potencies were alike useless. Then other remedies were prescribed, but the patient continued to suffer. His nights were sleepless from pain and suffering. It is easy to treat cases that yield promptly to the prescribed remedies. Here was one that refused to be influenced by some of the prettiest prescriptions that one's mind could conjure up. We determined to *try* a remedy that had more than once helped us out of similar straits in specific arthritis. We gave a solution of iodide of potassium. In twenty-four hours the patient could sleep, because the intense pain had been relieved. He soon left the hospital comparatively cured. There has been much fun poked at those who praise the virtues of potassium iodide in saturated solution, and some of the things that have been said have had a distinctly bitter flavor. Yet the fact remains that the therapeutic virtues of this drug have not been half told. We have frequently known it to help cases of specific arthritis, due to gonorrhœa, when other remedies had failed,—particularly when the nightly pain in the affected joint was intense and deeply seated, preventing sleep. One does not care to use morphia under such circumstances, because it does not influence kindly the progress of such an affection. Iodide of potassium sometimes acts in very small doses given frequently. A good rule to follow is to give small doses at first, until the dose has been reached which influences the pain and brings quiet and sleep. After that has been accomplished, we may hasten the recovery by gentle massage of the affected joint with olive oil.

**TUBERCULINUM IN ADENITIS.**—Dr. Robert A. T. Patterson reports the following interesting experience with tuberculinum 200 in adenitis.

The patient, a young girl of 15, came to the Hahnemann Dispensary Feb. 13, 1901, for treatment. The following history was obtained. At the age of 12 she noticed an enlarged gland back of the left ear. This gland became about the size of an egg, when several others appeared. Some slight pain occasionally. No other symptoms, she apparently being in good health. Mother died at the age of 35 of phthisis. A careful physical examination was made of her lungs, with negative result.

From Feb. 13th to Jan., 1902, she was given the following remedies, without any diminution in the size of the glands. *Phytolacca*, *ars. jod.*, *aconite ferox*, *hepar* and *graphites*. January, 1902, she was operated at the Hahnemann Hospital, and all of the enlarged glands removed. One month afterwards she returned to the Dispensary with several enlarged glands at the site of the previous operation. She was then given tuberculinum 200, one dose a week, followed by placebo. This treatment has been continued to date. At the present time all of the enlarged glands at the site of operation have entirely disappeared.



**DIGITALIS.**—Billroth spoke of this drug as the digitalis-whip. He compared the temporary increased action of the heart following the administration of this heart tonic to the running of a tired horse when the whip is applied. Dr. Goullon claims that by using one of the lower dilutions of digitalis, and not continuing it indefinitely, the homœopath fares better and avoids cumulative action and over-stimulation.

Dr. Goullon uses the first or second decimal dilution, ten drops in a wine-glassful of water, two teaspoonfuls every 3 hours. The indications are fatty heart; pneumonia; influenza, when there is rapid, weak pulse; dyspnoea; nightly attacks of anxiety; swelling of the feet.—*Leipsiger Populare Zeitschrift für Homöopathie*, Nov. 1, 1902.

**PICRIC ACID.**—Sieffert reviews the chemistry of picric acid, its pathogenesis as given by Farrington, L. B. Couch, Erbe and others, and refers to its use externally by the old school. Two formulæ are given: (1) Picric acid 5 grammes, alcohol 80 grammes, water 1 litre, for burns; (2) Picric acid  $\frac{1}{2}$  to 1 gramme, ether sufficient to effect solution, and water 150 grammes, for eczema and for erysipelas.

The homœopathic field of the drug is especially in cerebral and spinal affections (6th to the 12th aqueous dilution), in diffuse myelitis, in locomotor ataxia, etc., and with this advantage, that it is not necessary to wait for the development of the paralysis, the remedy being indicated by weakness and sense of weight of the limbs and back, and by exhaustion after slight physical or mental effort.

Picric acid is valuable also in impotence, in priapisms, and in exhausting pollutions with occipital headaches; in melancholia, in vertigo with noises in the head; in epistaxis; in the headaches, especially occipital, of students and of neurasthenics, these headaches being intensified by the slightest attempt at application. Attempts at study produce often a sensation of burning along the spine, and increase the pains of fatigue in the limbs. There is heaviness of the head, dilatation of pupils, conjunctival congestion, loss of appetite, nausea, etc. Further indications are found in albuminuria with scanty urine, in diabetes of nervous origin (3x, one dose every two hours), in exhaustion after excesses, in furunculosis and anthrax at the beginning, and in debilitating menstrual periods. Arulphy and Halbut are quoted as preferring zincum picricum to the picric acid; Halbut especially in neurasthenias of the hysterical type. The author cites two interesting cases of cephalgia with exhaustion, the one in a little girl of seven years, the other in a boy of sixteen. Study was made possible, the general health improved, and the headaches cured.—*Revue Homœopathique Française*, XIV., No. 10.

**PHOSPHORUS IN HÆMOPHILIA.**—Dr. Mossa, of Stuttgart, in the *Revue Homœopathique Française* for November, calls attention to a somewhat neglected indication for phosphorus, namely, "in small wounds which bleed freely." This symptom, originally noted by Hahnemann, is further, by Hahnemann's own experiments, shown often to be but one of the pathogenetic phenomena produced by the action of phosphorus on the blood and capillary vessels. The well-known toxic effects are cited,—bleeding from the gums, from the nose, lungs, etc., the formation of ecchymoses and petechias,—and cases are presented showing cure or relief in the bleeding-points of ulceration, in the bleeding of cancers, and in the "hæmatoid fungi."

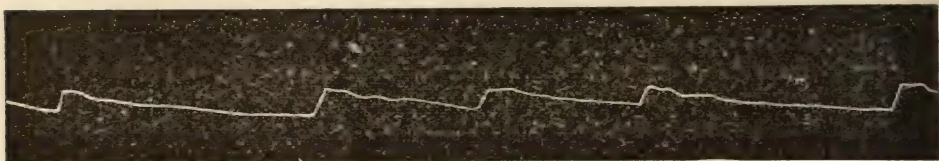
Finally, the use of phosphorus in hæmophilia is shown to be a logical and natural consequence of the application of the law of similars. Phosphorus 30 was used in most of the cases detailed.

**SANGUINARIA IN CARDIAC ARRHYTHMIA.**—Dr. W. H. Yeager reports the following interesting example of the action of the similar remedy:

Mrs. K., aged 34; occupation, housework.

Two years ago was subjected to an appendectomy in one of our allopathic hospitals; since that time (but not before it) she has suffered with what she called "heart trouble." She consulted her physician several times, and received from him a liquid, 5 drops of which she took three times a day, but without any improvement. On her last visit to the doctor he said "he could do nothing more for her, that she had an intermittent heart disease, and that she should give up housekeeping and take a prolonged rest at the seashore."

She came to the Medical Department of the Hahnemann Hospital Dispensary on October 17, 1902, with the following symptoms: constant, heavy sensation in region of the heart. At times a sharp, burning pain, which would extend to the left shoulder-blade and down the left arm. This pain she could relieve by rubbing the parts affected. Very short of breath on least exertion. At night she frequently had to sit up in bed to "catch her breath." We



found the pulse to be very slow (58) and weak, and a decided arrhythmia present. (See pulse-tracing.)

Examination of chest showed apical impulse in normal position, area of cardiac dullness about normal, and an absence of any appreciable valvular lesions.

Upon further questioning we found that our patient suffered with "sick-headaches" once each week (Sundays), pain being in occiput and temples principally, made worse from heat and pressure, and better when in the air. Frequently the pain would be confined to the right temple; flushed face; vomiting; easily overheated, and is then chilly in spite of heavy clothing; cold, clammy feet, and at times has sleepy spells; and, finally, that all her symptoms were much worse during the period of menstruation.

While taking the record of the case, our colleague, Dr. H., came into the room, and, after consulting with him, we gave our patient sanguinaria cana. 30, with instructions to take 5 pills every three hours. The prescription was repeated on October 24th and 29th and on November 5th. On November 10th (seven days less than a month) our patient said she was free of all her old symptoms. The pulse was regular, the rate 70 per minute, the volume good. During this treatment our patient stayed at home and continued at her work.

**POST-NASAL ADENOIDS.**—At a recent meeting of the British Society, Dr. Nankivell mentioned hydriodic acid as the most useful remedy in this affec-



tion ; but Dr. Galley Blackley believed sea-air and sea-water more useful than any internal medication could be. Both Dr. Day and Dr. Moir thought that they had seen more positive effects from *calcareo phosphorica* than from other remedies. We have observed that some of our throat specialists alternate *merc. jod. ruber 3x* with *calc. phos. 3x*, with seeming benefit. The operation for adenoids is followed by such strikingly good effects in most cases, the children growing more robust and healthier generally after it, that it seems unwise and unnecessary to defer operation until the slower acting and less certain internal treatment shall have been tried. We favor operation first and the constitutional remedy afterwards.

**STOKES-ADAMS DISEASE.**—Consists of a permanently slow pulse, with attacks of still further reduction in frequency, attended by vertigo, syncope, or epileptiform crises, and sometimes by respiratory disturbances. It is probably one manifestation of arterio-sclerosis, although some of its phenomena seem to be due to nutritional disturbances of the heart-muscle and its contained ganglia. The arterioles of the brain are also sclerotic. By stooping, unusual exertions, or emotions, the vessels of the brain are congested and then spasmodically contracted, giving rise to the vertigo, syncope or epileptiform seizures. These attacks are associated with a permanently slow pulse. Some observers have been able to predict an attack by the unusual slowing of the pulse. In exceptional cases, only four beats of the heart per minute have occurred. The author, Dr. W. A. Geohegan, relates one interesting case of this curious affection :

Mr. L., aged 73 years, obese, weighing 200 lbs. Attacks began three years ago. The attacks vary in intensity from slight vertigo to complete unconsciousness. In some, marked convulsive movements of facial muscles and eyes. Examination revealed mitral regurgitation with some hypertrophy of the left ventricle. Pulse, 30 per minute. Dyspnœa worse on lying ; cannot lie upon left side. Urine shows some albumin and an occasional hyaline cast. Paræsthesia and anæsthesia of left arm and hand. Reflexes normal. Cactus, in doses of fifteen drops a day, was the only remedy that improved. The pulse remains below 40. Cases of this kind rarely live more than three years from time of the first manifestation of vertigo and syncope.—*Medical Era*, Dec.

**URANIUM NITRICUM IN HEPATIC DISEASE.**—Dr. Cartier, an authority as regards uranium nitrate, contests some of the statements which have been made concerning the physiological action of this salt. To most of us it is a remedy to be thought of in glycosuria, and to some of us it would be suggested by pyloric and duodenal ulceration. Dr. Cartier, however, so long ago as 1891, has shown that the ecchymoses and ulcerations are the consequences of a general and grave intoxication, and that the principal lesions are to be found in the liver and kidneys. Experiments with animals have demonstrated the liver lesions with formation sometimes of hyaline and sometimes of fatty droplets in the degenerating cells.

Applying the drug homœopathically, in generally from the 2d to the 6th centesimal, Cartier has obtained distinct improvement in several cases presenting enlarged liver, with and without glycosuria, and even in two cases of cancer of the liver, though the course of the disease was not checked, there



was obtained a relief from certain of the symptoms. In another class of cases, those simulating intermittent fever, with chill, fever, and sweat, followed by headache, with deficient excretion of bile, a liver smaller than normal, and, it may be, an increased intestinal fermentation with resulting intoxication,—a class of cases which suggest *eupatorium perfoliatum*, but which are not prevented thereby,—nitrate of uranium has been used with considerable success. The color of the stools is improved, and with this improvement the attacks lessen in frequency until, finally, they may be prevented entirely. With the first suggestion of returning discoloration, a resort to the remedy will ward off the impending attack. In short, Cartier holds that uranium nitrate should be classed rather as a liver remedy than especially as a remedy for diabetes.—*Revue Homœopathique Française*, November, 1902.

A study of Dr. Cartier's able thesis on "Glycosuries Toxiques," Paris, 1891, would, by the way, save many from the inexcusable blunder of administering material doses of this glycosuric drug.

HICCOUGH.—The *N. A. Journal* says that *eupatorium*, or the common boneset, has been found to be a very excellent remedy in intractable hiccough, curing when "all other remedies had failed."

NEURASTHENIA.—Dr. Smith, of Chicago, urges forced feeding with eggs. In individual instances, as many as two dozen or two dozen and a half, had been given, either raw or cooked, with no bad effects, and, indeed, with much benefit to the patient. He looks upon the egg diet as an essential of the treatment of neurasthenic conditions.

BETTER THAN SOOTHING-SYRUP.—Dr. Oliver H. Paxson reports the case of baby M., born in July, 1902; birth normal and breast-fed. Ever since its birth it has had, more or less, trouble with its digestion; in consequence of which, it was having from eight to ten stools daily. In fact, as the mother reported it, "every napkin was soiled" as they were taken off. The day of first visit, Nov. 15th, there were five stools between morning and afternoon.

The stools were green, watery, and very excoriating; so much so, that the seat of the babe was red and greatly irritated.

Some urging with stool, and stool with each nursing.

The most troublesome condition, to the family, was that it hardly ever slept, and was screaming all the time when not asleep. It was so vociferous that it disturbed the neighbors as well.

When it did sleep for a short time it would waken with a *start and scream*. No vomiting.

It was well nourished, plump but rather pale, with bright eyes. Mother of the baby well nourished, eating well and with plenty of milk. It had been so persistent in its crying that it had earned the reputation of being "a bad baby." Constant treatment based upon this idea had not been successful. Nov. 18th, like a transformation scene, the cross and crying baby had become a good, smiling, lovable child; had slept from 9.30 P.M., until 5 A.M., without waking. Stools twice in the day and natural in color. Belladonna had been administered.

# THE HAHNEMANNIAN MONTHLY.

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FEBRUARY, 1903.

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## ROENTGEN-RAY THERAPY: A RESUME.

BY H. H. HAWXHURST, M.D., WASHINGTON, D. C.

(Read at the Annual Meeting of the Washington Homœopathic Medical Society, Dec. 6, 1902.)

"THE King is dead! long live the King!" Serum therapy, which so royally held the attention of the medical world, while its results were chronicled and its possibilities discussed, has given place, in the minds of a rapidly increasing number of the profession, to an absorbing interest in the multiplying evidence of the real therapeutic value of the X-ray. This shifting of the centre of interest occurs constantly in medicine, and is a measure, not of uncertainty, but of the progressive evolution in the world-old therapeutic art. And if over-enthusiasm is sometimes observed, it is not always due to false perspective, but to the expression of the undying hope in every heart that disease is at last conquered. Serum therapy is still a living issue, and greater developments therein may confidently be expected in the future; but the leading issue in medicine to-day is X-ray therapy. The rapidity with which this interest has developed is noteworthy. Prejudice, rather widespread, maintained for a time against this novel agent, owing to many unfortunate results at the hands of totally unskilled experimenters with its early diagnostic uses. These accidents were duly and properly reported in the medical journals, and, being stumbled upon by the ubiquitous reporter, were extensively heralded in the lay press,—a fate ruinous to the welfare of things

medical. As experience widened and apparatus and technique improved, the X-ray burn became very much more rare, and the disrepute it had caused was lived down to an appreciable extent. Statistics tell us that something less than 100 serious burns have ever been reported, and that at least one-third of these were inflicted upon the operators themselves. In 1901 there appeared in medical records but one mild case of ray dermatosis.<sup>1</sup> The existence of this prejudice, whatever its origin, explains in great part the almost total silence upon radio-therapy prior to this year; for, while splendid work was quietly being done and startling results regularly achieved, I have found but four titles on this subject listed in the Index Medicus of the *Medical Review of Reviews* for the year 1901, wherein are catalogued all the important articles occurring in over 400 medical periodicals. Up to the present time this year, according to the same authority, 70 papers have been published, five of them in organs of our own school. At the meeting of the American Electro-Therapeutic Association, in September, 1901, not a single essay upon the non-diagnostic features of the X-light was presented. The storm burst this fall, however, for practically the entire program was absorbed by this subject. In this country some of the most conservative journals are granting generous space and liberal editorial consideration, in contradistinction to the derisive incredulity of some of them in the recent past.

Abroad, lupus and rodent ulcer are recognized as amenable to this treatment, but more than this is usually skeptically considered. As evidence of the lessening of the hostile attitude is an editorial by an eminent surgeon, in which, after considering some of the work done in malignant growths, he concedes for X-ray treatment certain cases hitherto classed as inoperable.<sup>2</sup>

What, in brief, are some of the substantial results which have so astounded the medical world since this year's nativity?

Acne, resisting the hitherto accepted therapy for this condition, has been cured completely in from eight to twenty-five sittings, with a resulting clear, soft, smooth, and natural skin.<sup>3</sup> Even the extensive and deep scarring of old acne has been entirely removed by burning with the ray, a perfect skin replacing the desquamation.<sup>4</sup> Any parasitic skin disease van-



ishes before it,<sup>5</sup> and eczema, hypertrichosis and birth-marks are effectually removed. Keloids, though often demanding many severe exposures, are ultimately absorbed. Especially effective is this treatment when these growths occur in old vaccination scars.<sup>6</sup>

To the surprise of one operator, while treating acne with the X-light, a goitre the patient chanced to possess disappeared also.<sup>7</sup> Tubercular glands of the neck,<sup>8</sup> even when extensively ulcerating, have disappeared in ten weeks.<sup>9</sup> Carbuncles slough rapidly and completely under its beneficent action.<sup>4</sup> A varicose ulcer of the leg of fifteen years' obstinate and resistant existence was cured in sixteen exposures, and various long ulcerating surfaces and unhealthy wounds granulate rapidly when stimulated by it.<sup>10</sup> Chronic abscesses, or persistent sinuses of the abdominal wall, such as may follow laparotomy, have promptly cicatrized after a few exposures.<sup>11</sup> Tubercular arthritis of the knee-joint, diagnosticated by radiograph, a condition most gloomy as to prognosis, has been apparently completely eradicated with but seven ray exposures.<sup>9</sup> Cures, or at least great relief from pain, is assured in tic douloureux and neuritis.<sup>10</sup> Chronic constipation of old people has been remedied,<sup>12</sup> and the pain of chronic appendicitis diminished,<sup>12</sup> while Morton actually announces the cure of such a case as the last.<sup>4</sup> As a hæmostatic, surprising results were obtained in a condition of hæmorrhage from an immense multiple fibroid of the uterus, which had resisted a two weeks' treatment with galvanism in 150 millampères dosage. The flow abated after the first ten minutes' exposure, and when it recurred a few times was as easily checked again by the same method.<sup>13</sup> Lupus vulgaris has for some time been curable by the static brush discharge, but lupus erythematosus,<sup>14</sup> even of seventeen years' duration,<sup>10</sup> has lately yielded to the X-ray alone. Cases of pulmonary tuberculosis are benefited, and now and then an apparent cure takes place.<sup>15</sup>

We now come to the most interesting phase of all, the X-ray therapy of cancer, meaning thereby any malignant growth.

That riddle of the ages, the cancer problem, is becoming more and more acute. In countries where mortality tables are accurately kept the ratio of deaths from this disease is on the

increase, amounting to 50 per cent. in England since 1870.<sup>16</sup> In America, census reports show a mortality five times greater than in 1850, and that, in all deaths in persons over 30, 1 in 14 is from cancer. In 1899, in twenty-two States of this country, there were 5486 deaths from this cause. Roswell Park<sup>17</sup> predicts that if, in New York State, the present rate of increase of cancer continues for ten years, the mortality from this cause will be greater than that from tuberculosis, typhoid and small-pox combined. In San Francisco the ratio has risen from 16.5 cases in 100,000 to 103.6 in 100,000 of the population.<sup>18</sup>

One of the best definitions of cancer is that it is "cell anarchy or cell revolution provoked by some agency."<sup>19</sup> The search for the cause of this upheaval of cell economy constitutes the most interesting pathological problem of the day, occupying probably more skilled investigators than any other phase of medicine save that of disease toxins. There are those who maintain that the process is purely atavistic, but the more attractive explanation seems to be that the provoking agency is parasitic. How else is the metastasis of malignant growths explained? What, otherwise, means the remarkable transmission by intra-peritoneal inoculation of sarcoma in an unbroken series of 300 from rat to rat?<sup>20</sup> Or the extraordinary collection by Behla<sup>21</sup> of cancer cases occurring in groups of associated individuals or families, and behaving like an infectious disease? Czerny states that there is more reason for believing in the infectiousness of cancer than in that of leprosy. If there is a cancer parasite, we have one possible explanation of the efficiency of the X-ray in malignant growths; for that it is bactericidal is evident from its apparent power to inhibit the growth of cultures of bacilli of cholera, influenza, glanders and anthrax by continued exposures.<sup>22</sup> If this is not satisfactory, we may argue from the well-known analgesic effect of the ray that, since the nerves of sensation are entirely benumbed, it would seem probable that other nerve supply is also in abeyance, resulting in trophic incapacity and in paresis of cell protoplasm,<sup>23</sup> or in chronic inflammation with cell starvation.<sup>24</sup>

There are two marked peculiarities about the X-ray action upon tissues which are interesting to note. The first is that

diseased parts are attacked before healthy; the other, that a period of incubation, averaging ten days, follows the sitting before gross results are apparent. The successive manifestations of changes going on in neoplasms as a result of raying are usually (1) relief of such pain as may have existed. This phenomena does not conform to the incubation period, but is immediate and complete, being comparable to the analgesic effect of morphine, but more lasting.<sup>23</sup> This surcease of pain is permanent in about 50 per cent. of the cases, while one in seven finds no relief whatever.<sup>25</sup> (2) After the expiration of the incubating or latent stage, cessation of odor and lessening of discharge, if such existed, is observed; then (3) healthy granulations appear upon the unhealthy ulcerating surface; (4) the growth now shrinks and (5) enlarged lymphatic glands disappear—even those remote from the direct action of the radiance. The final stage toward a perfect result is that of (6) vanishing cachexia. Along with these local effects there may be more or less marked systemic manifestations of the X-ray application, due to the absorption of toxins from the destroyed cancer-cells. If this occurs there is general malaise, intermittent pulse,<sup>12</sup> diarrhœa,<sup>26</sup> enlarged spleen, pyrexia, and even coma and convulsions, ending in death.<sup>27</sup> Cautious and prudent treatment should obviate any such extreme effects as these last, the powers of the patient to eliminate, which vary with individuals, being carefully tested at first treatments, and the excretory apparatus kept in the most active condition. All ray operators now admit that too rapid destruction of tissue is possible, and that the system may be overwhelmed with the detritus.

It is necessary, in defining the work of the X-light upon neoplasms, to adopt the classification of superficial and deep cancers, the former being in the skin itself, or denuded of skin because of ulceration, the latter being half an inch or more below the surface. The superficial cutaneous cancers, whether of breast, head or neck, or of tongue and cervix uteri in early stages, respond to Roentgen-therapy in 90 per cent. of the cases.<sup>25</sup> Beck, Morton, Pusey, Skinner, Rudis-Jicinski, Snow and others unanimously class these conditions with the positive uses of the X-ray.

Probably the first therapeutic triumph in this group was with



rodent ulcers. These yield much more slowly than almost any other malignant growth,<sup>28</sup> as many as fifteen exposures having been given before any reaction resulted;<sup>24</sup> but there is invariably a complete cure if treatment is persisted in.<sup>29</sup> If it is begun early in rodent ulcer, the ravages of the disease are completely prevented.<sup>30</sup> An epithelioma of five years' duration was healed with two rayings;<sup>31</sup> another, of the face, of eighteen years' existence, and about 4 square inches in area, required nearly seventy-five exposures before the apparent cure was effected.<sup>32</sup> That rare morbid manifestation, primary carcinoma of the uvula and velum palati, of which there are about fifty on record, has entirely healed under X-rays, and for a year has remained apparently cured, with perfectly functioning parts and an amount of scar tissue almost unnoticeable.<sup>33</sup> A cancer of the tongue, advanced so far that speech had been lost and rectal nourishment necessitated, improved so that, after five weeks' treatment, solid feeding was possible, and speech regained.<sup>34</sup> One laryngeal cancer improved steadily until articulate phonation was possible;<sup>10</sup> but the X-ray has so far been less satisfactory in this condition than in others relatively as near the surface.<sup>35</sup> An aged patient, with extensive carcinoma involving the orbit of the right eye, with evidences of intracranial growth, was at first relieved of pain, but, nothing further being accomplished after two months' treatment, he was sent home to die. Five months later he was still free from pain, and generally in good condition, while the mass that had occupied the orbit had so shrunk that the lids could be closed.<sup>36</sup> A striking illustration of the phenomenon of persistent effect noted repeatedly in X-ray work: an impetus is imparted which continues to affect tissue change long after discontinuance of the sittings.

Recurrent growths of the breast present a very encouraging prognosis under radio-therapy, the entire process being inhibited in the majority of instances,<sup>37</sup> while even pregnancy does not contra-indicate this treatment.<sup>34</sup> In one report such a growth reappeared three months after ablation, with coincident secondary growth in the intact breast. Nodules developed in the line of the old cicatrix, with some sloughing, redness of nearby skin, enlarged axillary glands, swollen arm and shoulder, and intense pain, preventing sleep; in short, the classic picture

of a hopeless and very malignant case. In a brief two months practically every detail in this picture had been effaced with the X-ray, and prospect of a complete inhibition or cure promised.<sup>38</sup> A checking of the growth and a lessening of the offensiveness of the secretions is possible in cancers of the cervix uteri,<sup>39</sup> while epithelioma of this part has been practically cured.<sup>38</sup>

Coley, of New York, recently submitted his results in the use of the X-ray in sarcomata, covering 10 elaborately reported cases;<sup>40</sup> and, while admitting that sufficient time has not elapsed to claim a cure in any of them, he believes that the strongest ground of hope exists for such ultimate success. It is certain that inhibitory action at least has been effected. No authentic case of cure of sarcoma of the neck by operation has ever been reported, yet within this year there have appeared records of 4 cases of entire disappearance of these growths under the X-ray. Skinner's case was the most remarkable of these. It was a round cell sarcoma of three years' growth, and measured 7 inches laterally and 10 inches vertically, with some ulceration. Six weeks' X-ray treatment caused the entire disappearance of the mass, and a cicatrix  $2\frac{1}{2} \times 3\frac{1}{2}$  inches was all that could be seen six months later.<sup>41</sup>

The behavior of the second group of malignant growths, the deep cancers, under X-ray is now being observed, and deep mammary and uterine, and intra-abdominal and intra-thoracic growths are being experimented upon, with two definite results so far: the relief of pain in almost every case, and the checking of hæmorrhage. Early as it is, one group of 33 cases has already been reported,<sup>25</sup> with tentative statistics embracing 10 per cent. cures and 40 per cent. permanent improvement. The significance of these figures is enhanced when it is understood that every individual one of the 33 cases was inoperable.

In what class of cases, then, should we advise this treatment for cancer? Morton, than whom none is better qualified by experience to speak, states that he has never yet seen a case of cancer that had not improved under X-ray.<sup>4</sup> Superficial or cutaneous cancers and epithelioma, especially about the face, where cosmetic consideration should have weight, are almost invariably cured without the knife.<sup>4</sup> In these conditions the

ray should have first chance, and should be properly considered the primary method of treatment. Every other malignant neoplasm should have the advantage of operation when practicable.<sup>6</sup> But even here some consider the ray necessarily supplemental to surgical procedure, to be used prior to operation to clear tissue of cancer particles and foci and to circumscribe the disease, and subsequent to operation to preclude recurrence. There can be no doubt that this post-operative treatment is of great value.

In that all too large group of cases which are inoperable from location, from complicating lesions of the heart, lung, or kidney, from age or from exhaustion of the patient, the X-ray should always be used to lessen pain and hæmorrhage and to inhibit growth.

Finally, I wish to re-echo the belief that we have in X-ray therapy more nearly a solution of the problem of curing cancer than in any other method, and to utter one caution, in the words of an eminent worker in this field: "There is great danger, in our enthusiasm, in holding out too alluring hopes and in expecting more than can be accomplished. If such should become true, the pendulum is sure to swing too far the other way, and for a time a really valuable therapeutic agent will be neglected."<sup>42</sup>

### *Bibliography.*

<sup>1</sup> Codman : *Phil. Medical Journal*, March, 1902.

<sup>2</sup> Lewis : *Medical Review of Reviews*, July, 1902.

<sup>3</sup> Campbell : *Journal American Medical Association*, August, 1902.

<sup>4</sup> Morton : *Journal of Advanced Therapeutics*, November, 1902.

<sup>5</sup> Dickson : *Journal of Advanced Therapeutics*, September, 1902.

<sup>6</sup> Pusey : *Journal American Medical Association*, April 12, 1902.

<sup>7</sup> Campbell : *locus citavit*.

<sup>8</sup> Bishop : *Journal of Advanced Therapeutics*, November, 1902.

<sup>9</sup> Heeve : *Therapeutic Gazette*, October, 1902.

<sup>10</sup> Snow : *Journal of Advanced Therapeutics*, November, 1902.

<sup>11</sup> Hart : *British Medical Journal*, May 31, 1902.

<sup>12</sup> Wheatland : *Journal of Advanced Therapeutics*, November, 1902.

<sup>13</sup> Gibson : *Journal of Advanced Therapeutics*, September, 1902.

<sup>14</sup> Bondurant : *N. Y. Medical Journal*, August 2, 1902.

<sup>15</sup> Boggs : *Journal of Advanced Therapeutics*, October, 1902.

<sup>16</sup> Editorial, *Medicine*, August, 1902.

<sup>17</sup> *Medical News*, April 1, 1899.

<sup>18</sup> Massey : *American Journal Medical Sciences*, February, 1900.

<sup>19</sup> Park : *Medical Review of Reviews*, June, 1902.

<sup>20</sup> Loeb : *Journal of Experimental Medicine*, 1902.



- <sup>21</sup> *Deutsch. Med. Wochenschr.*, 1901, No. 26.
- <sup>22</sup> Boggs : *loc. cit.*
- <sup>23</sup> Morton : *Medical News*, April 5, 1902.
- <sup>24</sup> Beck : *N. Y. Medical Journal*, May 24, 1902.
- <sup>25</sup> Skinner : *Journal of Advanced Therapeutics*, November, 1902.
- <sup>26</sup> Dickson : *ibid.*
- <sup>27</sup> Sterne : *Indiana Medical Journal*, August, 1902.
- <sup>28</sup> Williams : *Medical News*, March 29, 1902.
- <sup>29</sup> Jones : *Clinical Journal*, April 2, 1902.
- <sup>30</sup> Pugh : *British Medical Journal*, April 12, 1902.
- <sup>31</sup> Johnson and Merrill : *American Medicine*, August 9, 1902.
- <sup>32</sup> Bell : *X-Ray Era*, November, 1902.
- <sup>33</sup> McCaw : *N. Y. Medical Journal*, August, 1902.
- <sup>34</sup> Hopkins : *Phila. Medical Journal*, April 5, 1902.
- <sup>35</sup> Delavan : *Medical Record*, October 18, 1902.
- <sup>36</sup> Pusey : *Journal American Medical Association*, August 30, 1902.
- <sup>37</sup> Beck : *Medical Review of Reviews*, August, 1902.
- <sup>38</sup> Southwick : *N. A. Journal of Homœopathy*, September, 1902.
- <sup>39</sup> Robinson : *Cincinnati Lancet-Clinic*, September, 1902.
- <sup>40</sup> Coley : *American Medicine*, August 16, 1902.
- <sup>41</sup> Skinner : *Journal of Advanced Therapeutics*, February, 1902.
- <sup>42</sup> King : *Hahnemannian Monthly*, August, 1902.

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## HYPERTROPHIC PROSTATE AND ITS TREATMENT.

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(Read before The Diagnostic Club of Washington, D. C.)

THIS condition engenders so much suffering and misery to such a large proportion of men past middle life, and results in such serious consequences, that every effort on our part to relieve or cure these unfortunates must of necessity be welcome. Fortunate it is that much advancement has been made along this line of late, and it is the author's purpose to review briefly some of this progress.

As man approaches fifty, the prostate gland enlarges, and sooner or later the condition in a vast number of cases causes urinary obstruction and venous engorgement; the bladder is now called upon to overcome this barrier to micturition by exerting an extra amount of force, and in consequence the muscular walls become hypertrophic and thickened; following this the muscles give way, degenerate, and the bladder dilates, becomes atonic and often sacculates finally from the damming

up of the urine the ureters become distended and dilating, open the passage for infection of the pelvis and ultimately the kidney parenchyma.

Infection of the bladder follows in the wake of obstruction and decomposition of the residual urine, which may be considerably aggravated by a dirty catheter, and we have a picture of the most painful and protracted suffering. To this pathology of urinary obstruction must be added that of circulatory obstruction, occurring as it does in the earlier stages of prostatism, and adding gravity to the bladder lesions.

For while the new growth impinges upon the canal lumen, the swelling mass presses upward and outward about the vesical neck, and in this way squeezing the valveless veins of the vesico-prostatic plexus against the fibrous capsule, obstructing the venous drainage of the bladder and thus causing a venous hyperæmia of the bladder-wall resulting in the trophic changes.

The more marked and prominent symptoms resulting from urinary obstruction has in a measure masked the importance of this venous obstruction and its effects upon the nutrition of the bladder-walls, which in reality constitutes one of the chief factors in that complexus of symptoms known as prostatism.

We have observed in numerous autopsies upon prostatic instances of well-dilated and enormously enlarged vesical plexuses, showing this circulatory retardation where sacculation, trabeculation, atony, and other changes were noted in these obstructing overgrowths.

In the handling of these enlarged prostates we have two methods open to us. The conservative and the radical. The former consisting chiefly in the treating of the symptoms as they may arise, and endeavoring to prevent the advance of the disease with its deplorable sequelæ. While the radical method is the operative procedure, with the view of removing that segment of the gland causing the obstruction, as the whole gland may be ablated.

With the conservative methods, we have to deal principally with such symptoms as increased urination, oftentimes associated with burning, dull, aching pains in the pre-vesical space and perineal dragging, retention of urine, and finally dribbling (the incontinence of overflow), these symptoms being due

chiefly to the congestion or œdema at the vesical neck; the dragging is directly due to overdistention and retention, since the supporting parts receive no rest. The retention varies in amount, and may be complete or incomplete; in the incomplete we have an inability on the part of the viscus to empty itself, some urine being always retained in the bladder after urination.

The complete form may be acute or chronic. Acute when it is due to congestion or œdema of the vesical neck, and at times aided by spasm of the sphincter vesicæ, and hence acting mechanically. The chronic crises when that state has been reached requiring systematic catheterization to empty the bladder.

Pain, when present, is due to pressure either by the enlarged gland, the weight of the residual urine or the inflammatory induration causing pressure upon the sensory urine filaments supplying the parts.

Incontinence is due directly to the prolonged strain upon the sphincter which finally gives way, permitting dribbling, or a complete retention, followed by overflow.

The burning is caused by the accompanying cystitis or to the hyperacidity of the urine.

The treatment of these symptoms rests upon the administration of an alkaline, such as potassium, salt for the burning if we have to deal with an acid urine and no bladder catarrh, or benzoate of soda if cystitis is present with acid urine. With alkaline urine and bladder inflammation we give benzoic acid; or, better, urotropin may be administered, .5-gram doses, three times daily. For pain or spasm, morphia or codea, either singly or combined; or we may have beneficial results from suppositories of morphia and belladonna.

Frequent urination may be met with such remedies as cantharis, terebinth., apis, apos., argent., causticum, berberis, ignatia, muriatic acid, phos. acid and puls.

The weight and pressure of the perinæum and suprapubic region can be relieved by systematic catheterization, which must be carried out under the strictest antiseptic precautions, the frequency of the same being dependent upon the amount of residual urine. Patients with enlarged prostates should be instructed to drink large quantities of water, thus keeping the



urinary tract well flushed and the urine thoroughly diluted. Catheters should be of the soft-rubber variety or the Mercier type. These are rendered sterile and anointed with sterile olive oil, lubrochondrin or boroglyceride, prior to introduction. Prostatics may carry a number of these placed in a sterile towel and withdrawn just prior to use. After employment, they are washed and placed aside.

Acute retention is dependent upon a congested prostate, resulting in spasm of the sphincter externa, and usually follows error in diet, exposure, or cold, and generally disappears spontaneously. If persistent, the condition must be met by an effort to pass a catheter; failing in this, the patient is given a hypodermic of morphia and placed in a hot sitz bath; usually this relieves and the urine voided in the bath, or a second attempt to catheterize may immediately follow immersion. This method proving of no avail, we now apply heat to the pre-vesical space and perinæum, with rest and postural aid, followed later by another endeavor to pass the catheter. All these methods proving, as they will at times, unsuccessful, we perform suprapubic aspiration, which can be repeated if necessary.

The patient who is regular in his habits, avoids exposure, improper diet, exercise and excesses, may, with strict attention to the antiseptic care of his catheter and its employment, be able, with a relative amount of ease, to live for years in comparative comfort; but one can readily understand the difficulty of impressing the necessity of such care upon the average patient; this, together with the inconveniences incumbent upon catheter life, and in many cases where we have steadily-increasing residual urine, cystitis foul and stinking, associated with retention, tenesmus, or an intolerent urethra, with all its concomitant symptoms, urethra fever, inflammation, hæmorrhage, and epididymitis, the conservative method must aggravate, and bladder lavage and catheterization be contra-indicated, the case calling for radical or operative measures.

With surgical interference once indicated, we have the choice of various methods.

1. Ligation of internal iliacs.
2. Castration.
3. Vasectomy.

## 4. Prostatotomy.

## 5. Prostatectomy.

Of these, the first two need only to be mentioned to be condemned, the former being long since abandoned, the latter having now fallen into disrepute, owing to its high mortality and tendency to produce marked neurasthenic and psychic symptoms in those who survive. Vasectomy was an operation of some popularity owing to its small mortality and occasionally producing the desired atrophic changes, but has little to recommend it, and has lost favor with most all surgeons, giving way to prostatotomy and prostatectomy. Of the former of these operations we now virtually confine ourselves to the method more or less recently formulated by Dr. Freudenberg, of Berlin, who, through his modification of Bottini's operation of prostatic electro-cauterization, has given us, under certain circumstances, an ideal method of removing the prostatic obstruction. On the other hand, we have the recourse to prostatectomy.

Each these measures have their sphere of usefulness, and each its contra-indications. Granting the Bottini method to be a blind one, the same may be said of many another operation of even greater popularity; again we may have recourse to cystoscopy, which in a large measure does away with this deficiency. Prostatectomy, on the other hand, is an operation of much larger mortality, hence a dangerous and a bloody one,—so bloody, indeed, that it too may be rightly designated a blind one. More especially is it true of the combined suprapubic and perineal method, where little can be seen of the enucleating finger,—touch alone being the operator's guide.

Given a patient then suffering with enlarged prostate, what is the method of election as regards operative procedure? The decision must be varied according to the individual case, depending for the most part upon the following factors: 1. Age of the patient. 2. The size and shape of the gland. 3. The condition of the uro-genital tract.

Age is an important factor, the resisting powers of a patient being materially diminished and death far more liable from shock in advanced life; hence the Bottini operation is vastly to be preferred in those well along in years.

As regards size and shape, in a general way we may say that

the big, hard prostates, one so large as an orange on rectal palpation,—are more favorable to enucleation, while the smaller ones, with less rectal prominence, but with an overhang within the bladder, a so-called middle lobe acting as a valve, as it were, and affording a distinct barrier to prostatic sounding, associated with marked residual urine, is more suited to prostatic electro-cauterization.

The selection of the better method to pursue requires careful and repeated cystoscopic examinations, and a decision should not be reached before mature consideration is given.

It is a question if the exact size of the prostate may ever be determined; but with careful rectal palpation, allied with proper urethral investigation as to the length of the canal and associated with thorough cystoscopic examination, combined with the knowledge of the amount of residual urine, we can arrive at a more or less accurate idea, much of our data depending upon our dexterity at urethral instrumentation.

The importance of rectal examination cannot well be over-estimated; in fact, it is well for the practitioner to make a routine of palpating rectally all rectal and genito-urinary cases, in this way preventing errors, and enables him to become more expert in detection of abnormalities in this neighborhood. As to the condition of the urinary tract behind and above the obstructing gland, the bladder is of relative minor importance, since, with appropriate measures, the cystitic condition, no matter how serious, can be controlled. Renal disease and ureteral complications are, however, distinct contra-indications to surgical interference on prostates, such conditions being liable to cause kidney inadequacy, and possibly death; hence should it prove necessary under such conditions to relieve prostatism, the simple Bottini operation is the one of preference.

What are the indications, then, for one or the other of these surgical procedures? To sum up, briefly, one may say that, given a case of symmetrically enlarged prostate, having marked protuberance into the rectum, the gland being hard and firm, associated with more or less sound urinary organs, and we have an ideal condition for prostatectomy, which is here to be preferred. On the other hand, with a case of hypertrophic so-called middle lobe, the enlargement being more or less limited, yet producing marked impediment in the urinary flow, and we



have a clear indication for practicing Bottini's operation or one of its modifications. Of course, between these two extremes we have many variations, some favoring the former while others favor the latter method, but the Bottini unquestionably has the wider field, at least at the present writing.

*The Technique of Bottini's Operation.*—The patient is placed in the supine position, and any of the various methods of producing anæsthesia may be employed, either local or general. Some operators prefer to abandon anæsthesia, claiming the operation is not more painful than cystoscopy. The bladder is now emptied of urine with a soft-rubber catheter, and the viscus is irrigated with boric acid solution, which is then drawn off and the incisor introduced per urethra directly into the bladder, the beak turned down and brought in contact with the base of the gland, the forefinger of the left hand in the rectum the while, guiding the beak into position. After the cooling apparatus is attached, connection is made with the battery and the current applied (usually 40–45 ampères are sufficient). The wheel controlling the knife is now turned, thus drawing the blade through the gland-tissue and searing a furrow to the distance made necessary by the size and shape of the prostate. The current is now slightly increased, while the knife is returned to the female blade. The contact is now broken and the beak turned up and an incision made in a similar way, cutting toward the pubis. Following this a third incision is performed, incising the larger of the lateral lobes; and if need be, a fourth into the corresponding lateral lobe. Personally, we have practiced making two or three incisions at the inferior aspect of the gland. Especially is this efficacious when we have to deal with a well-marked post-prostatic pouch, thus reducing the urethro-vesical level and obliterating the well-known orificial lip or bar formation.

After operation a catheter is tied into the bladder for a few days, and the patient placed upon milk diet with urinary antiseptics and instructed to drink large quantities of water.

As will be seen from the preceding remarks, this operation is open to the objection already cited, *i.e.*, being more or less in the dark; and, again, it affords little opportunity for drainage; therefore some operators seek to modify this method by combining with it either a perineal urethrotomy or a supra-pubic

cystotomy. Each of these measures have their advocates, but the advantages seem, in our experience, to be more with the latter method, which is well combined with a Bottini operation where we have a persistent cystitis which is difficult to control.

It is held by the advocates of the perineal modification that it possesses the following advantages: 1st. It slightly eliminates the factor of operating in the dark by permitting intra-vesical manipulation, but the high operation allows the same, with the additional advantage of seeing into the bladder and hence observing the field of operation. 2d. In hæmorrhage one is afforded direct means of tamponade, but the same is true, and to a greater degree, in epicystotomy. 3d. Avoidance of retention, which, however, is also obtained by the supra-pubic route. 4th. It permits of divulsion of the prostate and bladder neck, which in a measure prevents cysto-spastic contraction; but the trans-vesical procedure allows of retrograde sounding, which accomplishes the same purpose. 5th. Drainage and irrigation is more readily carried on, but the upper route permits one to accomplish the same. 6th. The avoidance of the possibility of infection of the cæcum Retzius and smaller mortality, but with attention to one's technique and occlusion of the pre-vesical space, by means of Senn's two tempo-epicystotomy one cuts the mortality of the supra-pubic operation to almost *nil*.

We will not go into the technique of either of these modifying operations, but be content with the statement that the technique of the former is the same as that of an external urethrotomy with a guide, while that of the latter is Senn's two tempo-epicystotomy, both of which are doubtless familiar to you all, combined with Freudenberg modification of Bottini's electro-cauterization, as already given.

*Technique of Prostatectomy.*—For prostatectomy we have the choice of two routes,—the supra-pubic and the perineal,—and again we have the combined method of supra-pubic and perineal. In all cases the bladder is opened. The supra-pubic incision enables the operator to see and feel the tumor from the bladder as well as the rectum.

If a large, intra-vesical lobe is found, the operation of supra-pubic prostatectomy is to be preferred. When, however, the operator finds the lateral lobes chiefly involved by the hypertrophy, we favor the perineal route.

Alexander's operation is the combined method, and may be briefly described as follows :

A supra-pubic cystotomy is performed, and then a perineal incision upon a guide is made down to the apex of the gland, following the capsule as the prostate is incised, the enucleating finger introduced from below, and counter-pressure made through the upper wound. After the lateral lobes are removed in this way, the middle lobe is pulled down and enucleated. Following this, supra-pubic and perineal drainage is established. You can readily see in this method that the principal advantage of the upper incision is the additional aid in pushing down the prostate. For this reason Dr. Syme has devised the ingenious method of passing a stout catheter, with a collapsible bag of rubber at the distal end, which, once into the bladder, he inflates with water and causes an assistant to pull gently downward, thus depressing the base of the gland, avoiding the necessity of an upper incision, and so reducing the severity of the operation.

Modifications of the supra-pubic operation have been suggested by both Drs. Fuller and Guiteras. The former incises the floor of the bladder, then inserts the finger and enucleates the gland, while counter-pressure is made upward through the perinæum. Complete enucleation is not always possible by this method, and the operator is at times forced to be content with partial or piece-meal removal of the dam. Guiteras modifies this slightly by doing the so-called retro-vesical procedure, passing two fingers of the left hand into the rectum. He incises the capsule, as above described, in the median line on the floor of the bladder near the neck, inserts two fingers, and digs out the gland, making counter-pressure through the rectum. A *boutonniere* operation is now performed and drainage established, and the abdominal wound closed as far as the drain. The gland's removal is always followed by profound hæmorrhage, to arrest which boric acid and other hot douches are applied, followed by a handkerchief pack of Mikulicz, which should prevent further oozing. The after-treatment consists of giving an enema of a pint of salt solution at 120° F., to be retained with  $\frac{1}{30}$  of strychnia, and hot-water bottles placed around the patient, and shock, which is ever a marked feature of these cases, requiring heroic measures, is now fought.



Infusion should be resorted to whenever indicated by failing pulse, cold sweating and extremities, etc., and this may be repeated, if necessary; in fact, in our hands this has been one of the most efficient expedients in combating shock, when there has been much hæmorrhage. So soon as the anæsthetic wears off, the patient is allowed hot water and bouillon, and this is pushed from time to time, ad lib., with the idea of producing free flushing of the urinary tract and causing diuresis. The strychnia is persisted in every four hours, hypodermatically, and the enema given every four hours; thus the patient receives something every little while, either bouillon or water by mouth, or hot rectal enemata or strychnia. It is wisest to persist in the employment of urinary antiseptics after the operation; this is best done by administration of urotropin, .5 gram, three to four times daily. The diet should be milk, and the bowels moved with apenta or similar laxative.

Drainage above is kept up till the cystitis is cauterized, usually ten days, and the perineal tube allowed to remain a week or two longer.

In closing, the writer wishes to impress upon his confreres the necessity of early diagnosis in obstructing prostates, and of the importance of submitting these cases to radical treatment before the development of cystitis, prolonged venous congestion which is accompanied by pain, infection, and that long line of urinary symptoms which reduces the sufferer to a condition precluding surgical interference for its relief.

In this paper statistics were purposely omitted, and an attempt made to simply call attention to the broad principles that should guide us in treatment of this deplorable disease.

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THE RELATIONSHIP BETWEEN CUTANEOUS ANGIOMATA AND MALIGNANT DISEASE.—Inasmuch as numerous German authorities have made assertion that malignant disease is frequently associated with cutaneous angiomata, Symmers has made a study of four hundred patients, to determine the truth or falsity of their teachings. He concludes that skin angiomata bear no relationship to malignant disease, and that their existence, even in large numbers, is not to be viewed with any alarm so far as cancer is concerned. On the other hand, he proves that they form a practically invariable concomitant of the decay of advanced years, and in both young and old are probably significant of some form of well-marked arterial degeneration.—*Medical News*, December 27, 1902.

# THE ZYMOSES, AND THE RELATIONS OF "SIMILIA" TO THEM.

BY W. S. SEARLE, A.M., M.D., BROOKLYN, N. Y.

(Read before the County Societies of Kings and New York.)

IN approaching this important and difficult subject I desire, first of all, to say that I do not pretend to speak *ex cathedra* concerning it. I am neither a biologist nor a bacteriologist. I am an interested inquirer only, and interested because the problems involved touch directly upon the daily work of the general practitioner.

As physicians we must all treat this class of cases, and we wish to do so intelligently; and as homœopathic physicians it is clearly desirable that we apprehend, as fully as may be, the exact relations of our distinctive methods to this class of maladies.

I venture to think and to say that some of our school pay too little heed to the limitations of our law of cure, and with a confidence (sometimes born of ignorance, I fear) attack with homœopathic weapons only each and all the diseases to which flesh is heir. They fail to recognize the fact that there is blacksmithing as well as watch-repairing to be done in the practice of medicine, and that the tools of neither trade are applicable to the jobs of the other.

From an etiological standpoint, a distinct line of demarcation lies between those forms of disease that are zymotic and those which are not such. One of the objects of this paper is to inquire how far, from a therapeutic point of view, this is true.

The term "zymosis" was early invented to denote certain peculiar clinical facts, but in the evolution of science it has taken on a different meaning from its original one.

Fifty years ago Dunglison defined a zymosis as "any epidemic, endemic, contagious or infectious affection produced by some morbid influence, acting after the manner of a ferment." And a ferment was an imaginary substance to which was ascribed the power of causing diseases, as yeast acts upon starch. Into this mist of theory and conjecture came the biologist, with his microscope and stains and culture-tubes, and a new

world of life opened to our ken. Bacteria were revealed, and the words "contagion," "infection," "zymosis," took on unwonted meanings. Some of these swarming and omnipresent microbes have been investigated, classified, and demonstrated beyond all doubt to be efficient agents in the production of disease. These, and those believed to have a similar origin, are what we now call the zymoses. Out of about thirty thus named, nine or ten have been proven to have a bacterial source, and are accepted as such by the majority of experts.

Speaking of proof, it is well to understand just what is implied by that term.

According to Koch, the following chain of evidence is essential to proof:

1. Bacteria must be found in the fluids or tissues of a sick or dead animal.
2. They must be isolated and cultivated through successive generations.
3. A pure culture, introduced into a healthy animal, must produce the original disease.
4. In the animal thus infected the same bacteria must be found.

It is claimed that the bacilli of the following diseases have stood this test, viz., gonorrhœa, tuberculosis, tetanus, typhoid fever, septic fever, croupous pneumonia, anthrax, diphtheria, cholera and plague. Six other maladies are probably of bacterial origin, though complete proof thereof is still lacking. These are influenza, yellow fever, variola, syphilis, hydrophobia and leprosy.

The remainder, usually classed as zymotic, viz., scarlet fever, hay fever, measles, roseola, pertussis, typhus, dysentery, cerebro-spinal meningitis, varicella, vaccinia, and dengue, still lack decided evidence of bacterial cause, in spite of the most intelligent and persistent effort to prove them to thus originate.

It seems quite likely that time and discovery will compel us to modify these views; but, for the present, this classification meets the approval of experts, as I understand them.

Not seldom (as lately), some too-previous dabbler announces in the public press or medical journals that he has discovered the bacillus of this or that disease, but in the end it turns out



to be some innocent or even beneficent microbe (for they are not all noxious by any means); a mere bystander; a coincident, not a cause; and the great discoverer fades away into his previous obscurity.

The enormous difficulties attending the establishment of proof like that specified can be best appreciated by experts in this art. Koch spent many laborious years before he could thus demonstrate the tubercle bacillus; but he finally achieved his object, winning for himself immortal fame, and for mankind an inestimable boon. It cannot, then, be matter for wonder that more of the zymoses have not yet been proven bacterial.

There are, however, some clinical facts which, to say the least, do not favor the opinion held by enthusiasts that all contagious affections have a bacterial basis. The poisonous agents in these maladies, as I understand it, are not the bacilli themselves, but something produced by them, and called toxins. Now, there certainly are toxins, and very virulent ones, too, which, in some way, result from the influence of sudden and profound emotions. A familiar example is found in the changes induced in both human and cows' milk by violent passions.

There are also chronic toxins, so to speak, mysteriously developed in otherwise healthy bodies. Indeed, many if not all persons suffer from such toxins—certainly all those who give forth excretions that are offensive in odor.

I have elsewhere alluded to these, and pointed out their serious import, as well as their symptomatic value in therapeutics.

Of course it would be ridiculous to talk of the bacilli of fear or anger; and yet such emotions do, somehow, produce toxins, so that a person may be noxious to himself or to others without the intervention of bacteria.

Another peculiar feature of the zymoses is that some of them are self-limited as to time, while others are not. Among the former are typhoid fever, yellow fever, pneumonia, variola, varicella, measles, roseola and scarlet fever. The rest seem to have no definite life-history. This is a very curious phenomenon.

Typhoid, as all know, generally ends on the twenty-first day, pneumonia on the seventh, while tuberculosis and gonorrhœa

evinced no such tendency; and yet there is no doubt of the bacterial origin of them all.

We can only conjecture that some bacteria have only a limited influence, while others endure or propagate for indefinite periods, unless destroyed by germicides. It is a matter of soil, as well as of seed.

Still, the fact of a variable life-history among these minute fungi should not surprise us when we recollect that both plants and animals vary widely in this regard.

It is, I think, unquestionable that, though the bacillus of typhoid either dies or in some way loses its grip on the twenty-first day, there are cases which we can classify in no other way, and which run a longer or shorter course than this, and that certain epidemics may and do vary from what is usual in this regard.

The behavior of the zymoses under treatment is also peculiar, and in some respects inexplicable. No physician, however skillful, has ever abbreviated the life-history of measles, or scarlet fever, or variola; but to abort a pneumonia is by no means an uncommon feat, and to cure a case of malaria is often easy; and yet the latter have been proven to have a bacterial origin, while that is not true of the former; nor does the life-history of scarlet fever or that of measles or variola vary in different epidemics.

Still another puzzle is met with in the behavior of the celebrated Klebs-Löffler bacillus. Though often found in healthy human throats, and entirely undiscoverable in some severe and even fatal cases of diphtheria, still this germ answers all the demands of the bacteriologist quite as completely as any other. The fact is that this subject bristles with paradoxes, and that what we do not know about bacteria would fill volumes.

Now, as to the clinical relations of our rule or law or method of cure to these affections, I first remark that bacteriology demands of us, as our first step in the treatment of the zymoses, that we shall destroy or remove the bacterial causes of the same when it can be done without injury to the patient. This is the dictate of both science and common sense. There is just as much ground for it as there is for clearing the stomach of indigestible matter or the bowels of intestinal parasites before prescribing homœopathically for the disturbances induced by them.

It may surprise some of my hearers when I assert that such was the teaching of Hahnemann also. On page 95 of the *Organon* he says: "It is taken for granted that the intelligent physician will begin his treatment by removing the causes of disease."

Again, it is a fact that in the treatment of cholera, at a period in his history when he was advising his disciples all over the world to employ the thirtieth dilutions, as a rule, he prescribed drop-doses of the tincture of camphor every five minutes, rubbing the same into the skin, and even administering drachm-doses per rectum. Clearly, he believed cholera to be a zymosis, and that camphor was its antidote. If not, why did he not direct similar massive doses of cuprum and veratrum?

Can any one doubt that, were he living now, and knew even what we know of these forms of disease, he would advocate the employment of germicides? We, then, are following both his precepts and example when, with protargol or bichloride, we destroy the gonococci in the urethra or in the eye contaminated by them. If quinine or other drugs are fatal to the malarial germ, it is both our privilege and our duty to administer them.

Asepsis, also, is as binding on the homœopathic surgeon as upon any; and as time moves on, and new bacteria are isolated and identified or new germicides are invented, it will be the duty of every practitioner, whatever his name or school, to destroy the one by the other, quite aside from any of the therapeutic theories he may entertain. Similar remarks hold good regarding the antitoxin of diphtheria, *provided* we are convinced of its real value and of its safety. We have all heard and thought much upon this topic; have marvelled over its almost miraculous curative power, and been equally distressed and disappointed by its failures, and even, at times, at its disastrous effects,—all of which goes to show how difficult it is to attain certainty from clinical experiment.

The latest and most comprehensive statistics on this subject are those compiled by Bayeux and quoted in a late number of the *N. Y. Medical Record*.

He has collated 207,257 instances in which antitoxin was used, with a mortality of 16.2 per cent., while the average death-rate



in the days before the employment of this agent, in the cities of Hamburg, Munich and Basel, varied from 12 to 15 per cent. The same journal, not long ago, contained a report to a similar and even more discouraging effect from one of the staff of the Willard Parker (contagious disease) Hospital, of New York city. There, in the very house of its friends, it is accused of doing more harm than good.

That it really does cure, and often brilliantly cure, will not be denied by any one who has had sufficient experience to make him a competent judge. This is as certain a clinical fact as any that can be named. But, from all we now know, we must conclude that it is also capable of inflicting great injury. It should be added that the still worse failures of the antitoxins of tuberculosis, of tetanus, of hydrophobia and yellow fever, create a strong presumption against the whole theory and practice of serum therapy in any and every disease. However, were it otherwise, and were these antitoxins all we hoped they might be, it would have been our plain duty to employ them.

Aside from the foregoing, in the treatment of the zymoses we, as homœopaths, may rely upon our methods as logically and as securely as in any form of disease, *provided only* that here, even more than ordinarily, we bear in mind the oft-repeated injunction to prescribe for the individual patient.

The determining symptoms must be those of each case, not those diagnostic of the disease. And what may we rationally expect to accomplish? In some of the zymoses—for example, in pneumonia, diphtheria, influenza, malaria, and some others—we may cure our patients just as speedily and effectually as if their diseases were not zymotic. But in others, as measles, scarlet fever, etc., we cannot shorten the life-history of the malady—can guide and modify and palliate only. But why this should be so, I confess I do not know. Do you?

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## THE SANATORIUM TREATMENT FOR CONSUMPTIVES.

BY E. S. NEGANDANK, M.D., WILMINGTON, DEL.

To begin my paper, I shall have to ask the question, What is a modern sanatorium for consumptives? A modern sanatorium for the treatment of consumptives is an institution usually situated in a healthy locality, somewhat elevated, relatively free from dust and traffic. Only patients suffering from tuberculosis are received. The greatest care is exercised everywhere, in buildings and surroundings, to avoid the possible transmission of the disease to employees, visitors, or neighbors of the institution, and equally great care is exercised to prevent a reinfection of the patients themselves. All the precautions which provide for the destruction of the infectious expectoration are carried out with the utmost rigor in the sanatorium. A voluntary violation of rules relating to the disposal of the expectoration is followed by immediate dismissal of the offender.

The hygienic and preventive measures in these modern sanatoria are so thorough that it may be said one is in less danger of becoming infected with the germs of consumption there than anywhere else. It is of the rarest occurrence that any of the physicians, nurses or employees in such an institution contract the disease. It seems to me that this is a very good proof of how easily infection can be avoided when physician and patient work together to combat the tubercle bacillus,—this great foe of mankind.

The patients in such a sanatorium live, so to speak, day and night in the open air. During the day they lie on lounging chairs on the open verandas, and take walking and breathing exercises; and at night they sleep, of course, with the windows open.

Neither change of weather, cold, rain, snow, nor even wind, hinders the patients from spending most of their time on the piazza, porch, or rest-cure gallery. Observations made by the house physicians in sanatoria prove that the change of weather has little influence on the trained consumptive patient, and that

the rest-cure on the galleries of the sanatorium can be successfully carried out in winter or summer, rain or shine. When it is very cold, patients cover themselves a little more with blankets or furs.

Consumption of the lungs is not cured by quacks, by patent medicines, nostrums, or other secret remedies; but solely and exclusively by scientific and judicious use of fresh air, sunshine, water, abundant and good food, and the help of certain medicinal substances when the just-mentioned hygienic and dietetic means do not suffice in themselves to combat the disease. The thorough and constant supervision of the pulmonary invalid, the immediate intervention when new symptoms manifest themselves, or old ones become aggravated or do not disappear rapidly enough, the prescribing of proper food and drink can only be done by thoroughly trained physicians. Therefore, right here let us sound a note of warning, namely, that not the most beautiful climate nor the most delightful resort can cure the consumptive patient if he is not wisely guided in his treatment. Sometimes this class of patients think that they feel well enough to no longer need to submit themselves to the control of their physician. They think that they may safely pursue pleasures, sometimes even excesses, or take up work just as well as healthy people. Such carelessness on the part of a recovering consumptive has many a time resulted in a serious relapse.

The thorough belief in the curability of pulmonary tuberculosis, and the conviction that the hygienic and dietetic treatment under constant medical supervision could be most successfully carried out in an institution exclusively intended for that purpose, caused Herman Brehmer to establish the first sanatorium for consumptives at Goerbersdorf, in Silesia (1859). Brehmer, in his day, maintained that such institutions should have particular climatic conditions, and should always be situated at a considerable elevation above the sea, in order to obtain satisfactory results.

The experience of more recent years, however, in Europe as well as in the United States, has shown that properly conducted sanatoria or modern special hospitals, erected in regions with no claims for special climatic advantages, obtained just as good results in the end as institutions situated in tropical resorts.



## DIATHETIC AND TEMPERAMENTAL INDICATIONS IN PRESCRIBING FOR CHILDREN.

BY C. SIGMUND RAUE, M.D., PHILADELPHIA.

MUCH stress was formerly laid on the value of the diathesis as an important element in diagnosis, and teachers of pediatrics attempted to classify the various constitutions into definite types, each of which showed pronounced predisposition to certain diseases. It was held that the scrofulous diathesis, for example, was a distinct form of constitution in which there was a tendency to suppurating affections of the lymphatics; certain skin affections; predisposition to catarrhal affections, croup and meningitis, and a number of other constitutional disturbances, among which enlarged tonsils and adenoid vegetations stand prominently. The condition was not clearly understood until it was discovered that scrofula, so called, was in reality tuberculosis of the lymphatics. A tuberculous diathesis was also spoken of, in which there was a strong predisposition to pulmonary tuberculosis and other acute forms of the disease. We know now that tuberculosis may affect any child that has been exposed thereto, as many authenticated cases demonstrate; and, while there is no doubt that certain individuals are more susceptible to the tubercle bacillus than others, still the so-called tuberculous diathesis is nothing more than a frailty of constitution, and has no other significance.

It is improper to speak of a syphilitic diathesis, as is sometimes done, because a person either has syphilis or has it not, there being no proof that such a thing as natural predisposition, any more than the universal predisposition of all mankind, exists. On the other hand, if syphilis be inherited, the patient is immune to acquired syphilis. The rheumatic diathesis has been described, but there is still confusion in the minds of the profession as to what is really meant by this term. To the writer's mind, this diathesis occupies at present the position formerly occupied by the scrofulous diathesis, which we now fully understand. Speaking of the hereditability of rheumatism, Bartlett says: "The hereditability of rheumatism is uni-

versally conceded. And yet the present popular view that it is an infectious disease will probably do much to modify this opinion. The difficulties can be reconciled by assuming that there is a special diathesis favoring the incidence of rheumatism, and that this is transmitted from parent to child. It is also suggested that the poison upon which rheumatism depends is the special agency which is transmitted. Still others assert that it is some particular anatomical or structural peculiarity which is responsible." ("A Text-Book of Clinical Medicine.")

It will therefore be seen that it is unsafe, at the present standing of our knowledge of diathetic conditions, to place too much importance on this feature of a case, or to go beyond the teachings of Bouchard, who divides constitutions into the *arthritic*, or a predisposition to certain diseases in which the process of nutrition is retarded (rheumatism, gout, diabetes, cholelithiasis, etc.), and *scrofula*, in which there is a predisposition to tuberculosis. The writer has faithfully endeavored to demonstrate to his entire satisfaction that the study and recognition of the diathesis was an important clinical datum, but he has not been convinced that this is often the case.

In prescribing we are, however, helped to a great extent, in finding the remedy best suited to a case under observation, by taking constitutional and temperamental peculiarities into consideration. We well know that certain individuals are especially susceptible to certain drugs; that the state of their nutrition calls for certain remedial agents, and that distinct moods and peculiar states of the mind and nervous system come within the sphere of drug action. The physician who is acquainted with these indications for homœopathic remedies is enabled to prescribe in many instances without asking questions, and is, so to speak, in a position to "size up" the case.

It is needless for me to refer to the *pulsatilla* temperament; the *ignatia* temperament; the irritability of *bryonia* and *lycopodium*; the delirious excitement of *hyoscyamus*, and the restlessness of *aconite*. Again, the appearance of the child requiring *calcareo carbonica* is distinct and characteristic, and differs in marked degree from that requiring *sulphur*, or even *calcareo phosphorica*. It is possible that too much has been made of

this class of indications, and that in many instances they have originated in the fancy of materia medicists. It is not always the case that bromine will only do good in blondes, or that pulsatilla is only suited to those of mild and tearful disposition; but, nevertheless, the presence of these indications may be used as strong presumptive evidence that either of these remedies will benefit the case, providing the pathological condition calling for them is present. In this way, diathesis and temperament are important elements in prescribing for children, and often make it easy to choose the remedy when the pathogenesis of the drug is found to correspond to the pathological process taking place in the patient.

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REPORT OF SURGICAL CONFERENCE, HAHNEMANN COLLEGE, PHILADELPHIA, NOVEMBER 8, 1902.

CONDUCTED BY H. L. NORTHROP, M.D.

CASE I., presented by Messrs. Sample and Hall. Dysphagia, due to carcinoma of left lobe of liver, with obstruction due to enlarged lymphatic node at œsophageal opening of diaphragm.

This patient, a male, age 46 years, has a good family history; his father is living and well, age 73 years; his mother died at 52 years, cause of death unknown; two brothers and two sisters are living and in good health.

His personal history is as follows: Has had bilious fever; had gonorrhœa twenty years ago; ten years ago was a heavy drinker, but since then has drunk moderately; uses tobacco, tea and coffee; denies syphilis.

His present illness began in December, 1901, when he was struck in epigastric region by handle of coal-dumper. Some local tenderness followed, and in two weeks he had slight difficulty in swallowing solid food, which difficulty progressed rapidly until he was unable to swallow any solids; later, difficulty in swallowing liquids occurred, and now, eleven months after the injury, nothing but a small quantity of water or milk can occasionally be made to reach the stomach. There is no pain upon swallowing, and he regurgitates the food unchanged



three minutes after taking it; he has lost one hundred pounds of weight in past eleven months.

*Physical Examination.*—On percussion, the stomach is found slightly displaced to left; there is flatness in epigastrium in region of cardiac end of stomach, and palpation reveals slight tenderness and induration over this point; there is also a feeling of resistance and hardness (tumor) in epigastrium to inner side of left 8th and 9th costal cartilages; the aortic pulsations are distinctly transmitted through this (tumor) to the examining hand. There is no other physical lesion discernible. Patient is markedly emaciated and quite weak.

*Differential Diagnosis.*—We must first exclude aneurysm before passing œsophageal bougie. Aneurysm may result from a trauma, but would have shock accompanying it and other systemic symptoms, as anæmia, etc., which were not present. In an aneurysm the tumor would increase in all directions simultaneously with the heart-beat, which we do not have in this instance; neither does the history of an aneurysm accord with the progress of this case.

Having excluded aneurysm, let us pass an œsophageal bougie, which we do, and find that it is obstructed at a distance seventeen inches from the border of the teeth, viz., at or near the cardiac end of the stomach; the œsophagus is dilated above the point of obstruction, evidence of which is found in the freedom with which the bougie can be moved about here.

Other conditions to be considered are gastric tumor, tumor near the cardiac end of the stomach, making pressure there, and fibrous stricture of the œsophagus. Tumor of stomach may be excluded, because no gastric secretion can be found in vomitus; there has been no vomiting of blood, nor was blood found upon bougie when it was withdrawn. In tumor of stomach there is gnawing, lancinating pain—here there is no pain. In carcinoma of stomach there may be history of ulcer; in carcinoma of pylorus, usually a tumor can be palpated.

Tumor external to cardiac end of stomach may exist here, making pressure on it or upon œsophagus. This patient is now at the cancer age; he is cachectic and emaciated.

In fibrous stricture of the œsophagus there is usually a history of swallowing some irritant, but it may come from unknown cause; there is little or no pain; food is regurgitated,

unaltered, shortly after eating; there is emaciation; patient can tell where obstruction is.

Our diagnosis is, therefore, either a tumor (probably a carcinoma) making pressure on cardiac end of stomach, or a fibrous stricture at the lower end of the œsophagus.

*Treatment.*—Because of the depth and suspicious character of this obstruction, gradual dilatation is impossible and inadvisable. Gastrotomy, with retrograde dilatation by the fingers or Abbe's string-saw, might be successful, and should be remembered as one plan of operative treatment. Gastrostomy is the *dernier ressort*, and may be performed after the method of Franck, where the oblique incision is made parallel with the left costal border; a cone of the gastric wall is withdrawn through it, sutured to the parietal peritoneum, and the apex of the cone is carried beneath the skin to a short incision made above and to the outer side of the initial incision, where it is also sutured and the gastrostomy opening is placed; or the method of Witzel or of Marwedel may be employed.

*Operation, by H. L. Northrop, M.D.*—The case just described to you having been anæsthetized, we will proceed to open his abdomen and determine the exact nature of the lesion here present, removing it if possible, or establishing a gastric fistula through which this patient may be nourished.

I therefore make an oblique incision in the epigastrium about five inches long, parallel with and an inch from the left costal border. This is known as the incision of Fenger, and is carried down through all structures until the peritoneal cavity is opened. We now find considerable enlargement and thickening of the left lobe of the liver, which is greatly indurated, pale in color, and studded with numerous whitish elevations, varying in size from a pea to a hazelnut. In the gastro-hepatic omentum I find several hard nodules, while at the œsophageal opening of the diaphragm is a lymph node of considerable size, which is securely attached to the right margin of this aperture and to the œsophageal end of the stomach. This node, blocking this orifice and making firm pressure upon the proximal end of the stomach, is therefore the cause of the obstruction. Our diagnosis, now positively made, is carcinoma of the left lobe of the liver, with carcinomatous infection of the superior gastric lymphatic nodes. The stomach itself is exempt from this carcinoma.

The carcinomatous lobe of the liver cannot be excised, nor, because of its deep location, shall I attempt to remove the node blocking the œsophageal opening. This disease must necessarily prove fatal in the near future, so, as a palliative measure, I shall proceed to establish a gastric fistula according to the method of Marwedal.

The first step consists in suturing the anterior wall of the stomach to the parietal peritoneum at the margins of the incision through the abdominal wall; this is done with fine silk. Now, the stomach having been anchored to the parietal peritoneum, and the general peritoneal cavity having been shut off, a vertical incision two inches long is made through the serous and muscular parts of the anterior stomach-wall, down to the mucous membrane, which is perforated at the lower angle of the gastric incision. A medium-sized catheter is next introduced into the stomach cavity through this perforation, is laid in the gastric incision, and the muscular and serous coats, having been dissected up for a short distance, are sutured over it with fine silk.

The special feature of the Marwedal operation is this embedding of the feeding-tube in the gastric wall, by which, it is claimed, there is less regurgitation of gastric contents and a lessened tendency to after-contraction. These claims are fairly well substantiated by experience.

Permit me to show you the photographs of a girl upon whom I performed the Marwedal operation three years ago, and to say that she is still living and depending upon her gastric fistula for her Thanksgiving dinner (and all others). She has no leak of gastric contents except when her stomach is very full.

I will now close this parietal incision with chromicized catgut and silk, allowing the catheter to emerge at about the middle of the incision. With the application of the antiseptic dressing our operation is completed, and we will surprise this poor stomach by injecting two ounces of warm peptonized milk through the catheter.

CASE II.—Abscess of lung. Reported by Messrs. Rink and Lerch. Male, age 45 years, stonecutter since 14 years of age; married; 3 children living and well; mother died at 50 years from "change of life;" father died at 65 years from dropsy and asthma.



Has good personal history, never having had any sickness, not even diseases of childhood. No history whatever of tuberculosis, syphilis, or malignant disease in his parents or grandparents.

Present illness began two years ago with coughing and expectoration. At night, when he came home from work, he would expectorate quantities of mucus mixed with stone-dust. Cough gradually became worse, sometimes so severe as to cause choking and vomiting. His temperature now becomes elevated every evening; he has night-sweats and the characteristic hectic flush, rapid pulse and respiration. He complains of nothing except his cough, which is worse at night and while lying on left side. He expectorates large quantities of sputum, which is offensive, thick, and of a greenish color; dyspnoea while lying on left side; has a sensitive spot over lower lobe of left lung; he has emaciated rapidly.

We have made a microscopical examination of his sputum, and have found numerous tubercle bacilli and pus-cells.

Physical examination reveals a consolidation of a large part of his left lung, upper lobe, as evidenced by dullness on percussion, increased intensity of whispered voice (pectoriloquy), and increased vocal fremitus. At the lower part of the lower left lobe there are amphoric breathing, moist râles and gurgling, and a cracked-pot resonance.

*Diagnosis.*—By our physical examination we have demonstrated the presence in this man's left lung, lower part, of a cavity containing pus, which from time to time is discharged through the bronchial tubes.

The prognosis is not good,—first, because the primary disease is tuberculosis of long standing, and, second, because of the possibility of the rupture of a blood-vessel and fatal hæmoptysis, consequent upon the tubercular ulceration.

*Treatment.*—In cases of phthisis with cavity comes the mooted question of surgical interference. It is undoubtedly true that where we have present, with a tubercular infection, a pyogenic process which causes irritating and debilitating cough, and which gives rise to a consequently increasing septic intoxication, it seems only logical to open the cavity and establish thorough drainage.

Pneumotomy, or an incision into the lung-tissue, however,

is an operation that requires the most delicate and accurate technique to attain even the slightest success, and with the utmost precautions the results have been very variable. It is more often indicated in acute infections, *i.e.*, in cases of pneumonic fever where a large abscess is present. The exact location of the lesion and the treatment of the pleura offer the chief difficulties. The accessibility of the cavity should be proven by puncture, unless physical signs are absolute. As a general rule, the cavity should not be approached from behind because of the location of the large vessels to the rear of the bronchi.

When the cavity is found, the tissues may be incised, and, if necessary, a portion of a rib may be resected. If the lung is adherent to the thoracic wall, and shows no signs of collapse, the operation may be proceeded with; but if it shows signs of retracting, pack the wound and await the formation of adhesions, thus shutting off the pleural cavity. The lung-tissue may be incised, or opened, with sinus forceps along an exploring needle, or punctured with the actual cautery. After the cavity has been emptied a drainage-tube should be inserted. Care should be taken not to irritate by irrigation or curetting, for fear of communication existing with any of the larger bronchi.

One point in favor of an operation in this case is the location of the abscess at the lower part of the lung. Cavities situated near the apex, as they usually are in tuberculosis, drain well of their own accord, while cavities located below the centre of the lung naturally do not have such good drainage.

After carefully considering the history of our patient, the length of time during which the tubercular process has been going on, the fact that nearly the whole of the left lung is involved in the phthisical condition, and the usual unfavorable prognosis in these cases, we are led to conclude that surgical interference would be at the most only palliative, and might even result fatally.

Hygienic and medicinal treatment should therefore be vigorously pushed. A forced diet, rich in fats and proteids, should be given. The patient should eat often, and a generous allowance of brandy should be given, to prevent tissue-waste. A change of climate, if possible, is essential. The patient should live, eat and sleep in the open air. In fact, all the general

therapeutic measures should be adopted. Hydrotherapy, massage and galvanism may be tried. Inhalations of some respiratory disinfectant, such as cresolene, might be beneficial. Lastly, rest, or very moderate exercise, should be instituted.

There are three things which we would insist upon, and those are, plenty of fresh air, plenty of good, wholesome food, and plenty of rest.

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#### PEDIATRIC CLINIC.

BY WILLIAM H. BIGLER, M.D., PHILADELPHIA.,

Professor of Diseases of Children, Hahnemann Medical College of Philadelphia.

GENTLEMEN: While I read to you the records of the three patients before you I wish you to observe them closely, and to notice in what respects they present similar symptoms and in how far they differ from each other.

CASE I.—A boy, aged 11 years. His father suffers with neuralgia, and his mother is also neurotic, and was troubled with twitching of the eyelids until one year ago, when she was relieved by wearing glasses. The patient has for four years been twitching the muscles of his mouth, and during the last year this has extended to the eyelids, so that at present you see him constantly making grimaces in which both eyes and mouth are involved. There is no history of rheumatism, nor are there any signs of endocarditis, past or present.

CASE II.—A schoolgirl, 10 years of age. Her father is an alcoholic and her mother neurotic. She herself has had scarlet fever, measles, and whooping-cough. On November 4th, election day, she became much frightened by the noise and excitement, and at once developed the symptoms for which she was brought to the dispensary. She showed weakness in the right hand, so that she constantly dropped things which she attempted to hold; there was blinking of the eyes and twitching of the mouth, and, in addition, a jerking motion of the tongue when asked to protrude it; she suffered from headache after reading.

She received *placebo* and was sent to the eye department, where she got glasses, and reports improvement since wearing them.

CASE III.—Another schoolgirl, aged 13 years. Her father has articular rheumatism, her mother is phthisical, and one of her



brothers has rheumatism and endocarditis. The patient has had in the past "growing pains," but no serious illness. At 4 years of age she developed chorea, which was treated allopathically with tincture of iron and Fowler's solution of arsenic, with varying success and frequent relapses. Three years ago she had an aggravated return of the trouble, with great mental excitement and crying, and such violent movements of all her limbs that it was with difficulty that she was prevented from throwing herself out of bed. She could neither walk nor stand. These symptoms were relieved by stramonium 6. Her relapses usually occur in the fall. Since September she has had a partial return of the symptoms. There were movements of both arms and legs, twitching of the face and tongue. Her left side seems to be weak, and she is liable to stumble or fall when making an attempt to run. She complains of rheumatic pains in her right leg, but there are no signs of endocarditis. She has not commenced to menstruate.

These three cases present a very interesting and instructive series. They all show either local or general involuntary incoordinated movements, and in so far offer one of the main characteristics of so-called chorea, or St. Vitus' dance. They illustrate most beautifully the gradation from simple reflex choreiform movements to true chorea, at the same time that they show how discrepancies in statements in regard to etiology, treatment and results are liable to creep into the text-books. In the first case we find an ancestral neurotic tendency; in the second the same, aggravated by the various personal experiences of the patient; and only in the last do we see a pronounced rheumatic diathesis.

You will remember how constantly I urge upon your attention the importance of keeping before your mind the unstable equilibrium of the nervous system in the young, and the fact that any disturbance of this is apt to show itself pre-eminently in the motor apparatus. Where the natural instability is intensified by hereditary influences, disturbances are more likely to result from the most trivial causes. Hence we need not be surprised to find the symptoms of the motor apparatus produced by an error of refraction in the first case. There can be no doubt that irritation contributed much to the originating the symptoms of four years ago, before the closer application demanded by school life developed the later ones, referable

particularly to the eyes. Please remember that the results of the effort to correct, unaided, an error of refraction are often manifested in regions and by symptoms remote from the optical apparatus, and, at times, of an intensity quite out of proportion to the degree of error. This can only be explained by the effects of strain upon the general nervous system, and the subsequent localization of these effects according to other individual factors.

This first case we regard, therefore, as a habit spasm, with choreiform movements, due to an error of refraction, and not true chorea. In Case II. we have, as distinguishing marks of true chorea, the sudden onset, the motion of the tongue and the paretic weakness of the right hand. But we have here, too, an error of refraction, and it is not at all improbable that this hitherto unnoticed influence had so weakened her already neuropathic temperament that the excitement of an election, when she was neither a prospective officeholder nor yet a "repeater," was sufficient to precipitate an attack of chorea. We will give her no other medicine than *placebo*, which, *together with her glasses*, has already benefited her.

Case III. is unmistakably one of true chorea, dependent upon or connected with rheumatism. As you learned from the record, it is a classically obstinate one. The general awkwardness of the patient, and her listless, apathetic expression, show a mental deterioration which is most to be dreaded as a result of long-continued chorea.

I have on a former occasion given you in detail the important points to be remembered in connection with chorea, and I will not now repeat them.

As to treatment, I would like to lay down with emphasis the principle that in all cases of nervous disease in children it is of paramount importance to seek to discover any abnormal condition in the patient or his environment, the presence of which may be an active factor in aggravating the instability of his nervous system and the removal of which will either put it within the power of nature unaided to effect a cure, or will render the cure by other means easier and more speedy.

We have, therefore, insisted upon the correction of the errors of refraction, and only after the full effects of this have been observed will we consider the medicines to be employed, if necessary.

## CORRESPONDENCE.—TYPHOID FEVER.

*To the Editor of THE HAHNEMANNIAN MONTHLY:*

The January number of THE HAHNEMANNIAN for 1903 is before me. This makes about 450 numbers I have read, but, unlike Dr. Horton, I have not had them all bound, but all paid for, and I send \$3 for 1903. Two articles in the last number interested me—those on feeding typhoid fever patients, by Drs. Halbert and Munns. I began the treatment of typhoid fever before any one dared feed them. We did not even have ice-water for them to drink—certainly no ice to pack them in. Bathing in cool water refreshes, makes the patient feel better; but reaction comes in a little while; then you have to repeat it. Try hot water; it is not unpleasant, and soon a cool reaction comes; the patient goes to sleep, even if he has been delirious. Repeat this when needed. Year after year, for many years (I have practiced 47 years), I have treated many cases of genuine typhoid fever; bathed them; gave them all the cold water they wanted; to the best of my ability gave the indicated remedy, and never fed them, except occasionally cold toast water to drink, and not one has died, and other homœopathic physicians have done as well. Leading physicians of both schools tell us that in typhoid fever food cannot be digested; even milk passes through the intestines undigested; a foreign substance produces fever and increases the danger. Then why give it? As I knew nothing of the effects of methylene, at first I thought I should as lieve give “Devil’s Pills” (combination tablets). I do not know but castor oil might sometimes be useful, but I never tried it; and whenever I was called to a case that had been well physicked, I expected a severe case. One of the brightest men, a teacher of practice in one of the leading old-school medical colleges in this country, said: “I do not believe anything in homœopathy, for there is nothing to it; but they beat us in fevers—and how do they do it? We physic our patients and they die; they let theirs alone and they get well.” Dr. Munns suggests giving cinnamon with the



oil. Why not give cinnamon in the water they drink, as it is one of the best disinfectants known, and might act as a preventive of hæmorrhage. For many years I have watched the treatment of typhoid by old-school physicians, and feel satisfied that those who followed the opium treatment, kept bowels and brain quiet, had the best success. I feel that the recent case in New York, packed in ice by the direction of a physician whose brain and circumstances have placed him in a commanding position, will result in great harm on account of the position of the doctor and patient and the daily publication of the case. Renowned as the doctor is, I doubt if he would have resorted to such heroic measures if he had had the ordinary success of country doctors. As the patient was strong enough to "pull through," others will try it; and if it fails, they have eminent authority to fall back on. I believe if the doctor will go on the street and gather in the first twenty-five persons he meets, sick or well, or even all well ones, and pack them in ice for two weeks, he will have twenty funerals. No doubt hundreds of homœopathic physicians have had patients as sick as Mr. Vanderbilt, and never thought of taking advantage of the occasion to advertise themselves, but their patients lived. I know it is like flying a red flag to say I never feed typhoid fever patients, and not one has died; but others can say that; but all who can say that practice homœopathy.

A. M. CUSHING, M.D.

SPRINGFIELD, MASS.

A CASE OF TUBERCULAR MENINGITIS ENDING IN RECOVERY.—Dr. Thomalla has reported a case of tubercular meningitis where creasote with the iodide of potash seemed to have brought about a restoration to health. The patient was a young man of 20 years, of tuberculous ancestry and a personal history which pointed to tubercular infection, for he had had glosso-pharyngeal tuberculosis and a fissure of the anus. He was suddenly seized with violent headache, painfulness to pressure in the back of the neck, high fever and retention of urine. Tubercular meningitis was diagnosticated, and an ophthalmoscopic examination made by Prof. von Michel confirmed the diagnosis by finding two small tubercles in the choroid of the left eye. Creasote was given in increasing doses so that finally 4.50 gms. were taken, in three doses, per diem. The iodide of potash was administered at the same time. Under the influence of this treatment, with a substantial diet, the condition of the patient soon notably improved, to be followed by complete restoration to health. Ophthalmoscopic examination revealed the two small tubercles to have been wholly absorbed.—*La Semaine Medicale*, No. 50, I.

## EDITORIAL.

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### THE PHIPPS TUBERCULOSIS HOSPITAL.

WE fear that before this reaches the eyes of our readers an absurdity will have been perpetrated, the like of which, even in this day of excessive legislation, it would be hard to find. We mean the repeal of the Fow Act of 1899, which prohibits the erection of new hospital buildings in the built-up sections of the cities of the State. The purpose of the repeal is to enable Dr. Flick to locate where he pleases the new tuberculosis hospital, rendered possible by the munificent gift of \$1,000,000 by H. W. Phipps.

The threat to locate the institution elsewhere, probably in New York, in case the repeal cannot be effected, although unworthy of the cause, is, unfortunately, likely to have considerable weight in deciding the issue. When announcement was first made of Mr. Phipps' munificence, and when the restriction as to location was first pointed out, the greatest stress was laid upon the fact that, if any distant point were selected for the building of the hospital, it would require too much time for the attending physicians to visit the institution. That seemed to be the main and only objection to going beyond the built-up portion of the city. What weight such an argument should have in deciding the question we confidently leave to the good judgment of any one not interested in reaching fame and emolument by a short cut. It is beneath criticism, and its weakness and selfishness was soon so manifest that new and most remarkable arguments are being put forward in advocacy of the central location of the hospital. We quote some from an interview with Dr. Flick, reported in the *North American* of January 13th:

"Hospitals for contagious diseases are really the bulwark of society against disease." Granted; but since when are bulwarks placed in the centre of a city? We do not lay claim to

much military knowledge, but we think the doctor has gotten his bulwarks in the wrong place.

While we perfectly agree with the statement that "the security of a community against any contagious disease is in direct proportion to the isolating capacity of that community against such disease," we do not see how that is quite consistent with the statement that "hospitals for contagious diseases should be centrally located." We acknowledge that the danger to be feared from living next door to a contagious hospital is not great, but not that there is absolutely no danger; and we cannot see any overbalancing cogency in the reasons assigned for a central location, "that patients can be taken there without hardship, and relatives of patients can inform themselves of their condition without having to go too far to do so." (There seems to be a general fear of distance among those who are prominent in this movement.) In this day of smooth asphalt paving and telephone communication throughout the city and suburbs, such reasons appear trivial.

Even if, as the doctor says, "as the disease advances the danger of contagion increases, and as the patient grows helpless the danger to the other members of his family grows greater," and if "the most effective form of crusade against tuberculosis is to look after the dying cases carefully, and remove them from their houses," there is nothing in this to demand a centrally located hospital, and, therefore, no reason to make the repeal of the Act of 1899 a condition upon which the establishment of this new hospital shall depend.

But, finally, when we read in all journals, from all parts of the world, the open-air treatment of consumption lauded to the skies, the lurid absurdity of the proposition to locate this hospital in the slums, as was suggested by someone, or even in the built-up section of our now dusty and smoky city, becomes apparent.

Unless this hospital is to confine its efforts to receiving the dying and to making *post-mortems*, we cannot imagine a body of sane physicians selecting a site anywhere but outside of the built-up portion of the city. If thought practicable, let homes for the dying be provided within the confines of the city (even then it would seem hard to deny to those so soon to pass away the comfort of a whiff of pure air), but let not the convenience



of the visiting physicians stand in the way of utilizing pure air in the treatment of curable cases.

But it may be said, "We want the hospital where there is the most abundant material for our work of observation and experimentation." But is the material, weighted down, as it unfortunately is, by its load of suffering, possessed of such an immense *vis inertie* as to be incapable of removal to the hospital? Do not hosts of such poor mortals travel thousands of miles to the West and South in search of health or relief? If the hospital is to be a sort of laboratory,—a kind of experimental station, as the first thing,—then, in God's name, put it where you wish; but if it is to be for the benefit of sufferers according to the latest and most universally approved means, let not the fundamental principle of a supply of pure, fresh air be denied them. In what story of a sky-scraper would the wards of a hospital have to be located, in order to provide this? Gentlemen, put your hospital in such a location and in such conditions as you recommend those of your patients to seek who are pecuniarily able to follow your advice.

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#### THE MEDICAL BOARD HAS TROUBLES OF ITS OWN.

THAT the way of the transgressor should be hard seems only reasonable; but that he should be able to make the way of the upright hard, too, strikes us as unfair. No more notable example of this anomalous condition could be found than the present dilemmas into which the upright Board of Medical Examiners of this State has been put by the ungodly acts of some as yet unpunished transgressors.

In one case the Board, after its usual rigid examination, found that a certain graduate possessed an amount of knowledge sufficient to render him fit to practice medicine and surgery in this commonwealth; but,—and here comes the dilemma,—it finds that the college which gave him such knowledge was not, according to their rulings, competent to give it to him, therefore he has no such knowledge, and yet their examination has proved him to possess it! Something or somebody must be stultified, and it is a hard matter to decide where the stultification can most naturally and logically be applied.

In the other case it seems there have been false impersonations. The Board has examined certain individuals under certain names; but it will probably be proved that the names did not fit the persons. Other than the rightful possessors of the names went up for examination, the results of which can now only be attached to *names*, while the true substantial realities back of them may remain unknown. It is a weird, almost gruesome situation for the Board, to feel that while they were apparently examining Smith, Jones and Brown, these persons were perhaps far away, having left in their places substitutes, in the flesh it is true, but ready to vanish into thin air when the results of the test were to be announced. However interesting this performance might be from a scientific point of view as a branch of psychic research—materialization and dematerialization—the Board very naturally objects to its intrusion under the circumstances, and is seeking a method to prevent its recurrence. It has been suggested that photographs be taken of the owners of the names which have been declared eligible for examination, to be used for purposes of identification—a sort of medical Rogues' Gallery. In view of all the circumstances, this seems to be a very practical and feasible proposition, which might, with advantage, be supplemented by further safeguards, according to Bertillon's method. We would therefore suggest to some of our up-country legislators, to whom the protection of the public from half-educated practitioners, as opposed to totally ignorant ones, is of so much moment, that a bill be passed appointing a medical council photographer and criminal detective, whose duty it shall be to take photographs, measurements and thumb-impressions of all applying for examination. This might easily be *grafted* upon the original bill creating the Medical Board, and then, by frequent comparisons, it would be possible to know who had been examined, and who were entitled to be licensed or to be rejected.

It is sad that the flagrantly benign effort, by legislation, to assist nature in promoting the survival of the fittest, should be attended by so many difficulties. These seem to be growing greater each year. The difficulty of the Board in explaining and justifying its failure to suppress the wholly ignorant class of practitioners, such as starvation cranks, Faith curists, and Christian Scientists, while attempting with all its power to suppress those who have conscientiously sought to obtain

enough knowledge to practice intelligently, was, by its methods, a mere bagatelle in comparison with the dilemmas which now confront it. May common sense,—and, failing that, may Providence,—show it a way out.

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#### WATCH THE EXAMINERS.

IN our January issue we took occasion to criticise the questions asked at a recent examination superintended by the Board of one of our Western States. An esteemed correspondent, while complimenting us for said criticism, very bluntly asked, “Why not be honest? Why not say that the questions were submitted by the New York State Board of Examiners?” It was quite natural that we were puzzled, for we had not intended to criticise one Board because of the shortcomings of another. An investigation disclosed a most remarkable state of affairs,—we might even call it plagiarism extraordinary. It seems that at the examination held by the New York Board in January, 1902, the questions to which we took exception, together with nine others, were submitted to the candidates for a State license. Referring to *The Medical Magazine* for December, 1902, we found that ten of these questions were submitted by the Wisconsin Board to the candidates applying October, 1902. In other words, it seems that the Wisconsin examiner in Homœopathic Materia Medica used the same questions as those submitted by the New York examiner in the same branch some nine months before.

While we would not accuse the Wisconsin man of deliberately copying the New York questions, we would suggest that the facts cause us to entertain very strong suspicions in that direction. Wonderful examples of transmission of thought have been recorded in the annals of psychology. Many years ago we heard of a poor farm hand who, in the delirium of fever, discoursed on the most learned subjects, and in many tongues. How did the poor uneducated youth acquire such knowledge? was the problem. The answer was very simple. Some years before, he had worked in the family of a distinguished savant who was in the habit of reading aloud. The



words thus uttered had not made an impression upon the mind of the hero of our story at the time; they were not as seeds fallen upon stony ground; that they had not been lost was demonstrated by their repetition during his delirium.

Admitting that the New York questions were copied by the Wisconsin examiner,—a conclusion that may possibly be reached by some of our readers,—admitting, also, that the copying was done because the Wisconsin man could not evolve from his cranium anything better than that produced in New York,—we must express our opinion as to the *smallness* displayed by the act. It was not criminal; but it was unprofessional; it was small; it was beneath the dignity of a man holding a public office. This is all we have to say on the subject; our readers can think the rest.

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#### STATE BOARD EXAMINATION QUESTIONS.

THE selection of questions to be presented by the examiners at State Board examinations is always a difficult matter, rendered especially so by a provision made in the enacting laws that none of the examiners can be associated in a teaching capacity with any medical college. This is well exemplified in the character of the materia medica questions to which we have taken exception, and yet the examiner who originated them is a man of large experience, well versed in medical literature, endowed with a practical mind, and universally respected by the profession and laity of his State.

The New York and Pennsylvania Boards recognize the difficulties encountered by men not teachers in framing suitable questions for candidates for State licensure. In New York, fifteen questions are presented in each branch, and the candidate is directed to answer not more than ten. This rule permits of considerable latitude in the character of the questions selected.

In Pennsylvania, questions are submitted by all the examiners to a central body, by whom the final list is made up.

We have very little confidence in the ability of any board of examiners to pass the examinations which they inflict upon the

youthful candidates. A correspondent tells us of one instance in which an examiner interviews his friends to aid him in the determination of what shall be considered correct answers to the questions. This, of course, shows that he is a conscientious man. But it also shows scientific weakness.

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#### THE TEACHING OF PHYSICAL DIAGNOSIS.

DURING the past few years the subject of medical education has been engaging the attention of many of the best minds in the profession. No more sensible discussion of this subject has recently appeared than will be found in the address read before the Suffolk District Section of the Massachusetts Medical Society by Dr. W. Sidney Thayer, of Baltimore, and published in the *Boston Medical and Surgical Journal*, December 25, 1902. The attention of the writer was directed to the best method of teaching physical diagnosis, and, although no new facts relative to this subject were presented, what is very much better, the writer dealt clearly and forcibly with the real difficulties in the way of the study of physical diagnosis and the methods of overcoming them which have been adopted at the Johns Hopkins Medical School. Dr. Thayer emphasizes the great importance of a knowledge of the regional anatomy and of the physiology and pathology of the parts involved as a prerequisite to a correct interpretation of the physical signs associated with their diseases. He comments upon the necessity of the student approaching the physical examination of a case without a preconceived opinion of its nature, and, quoting his own teacher of student days, advises the avoidance of textbooks upon the subject until the student is grounded practically in the art of physical exploration. These points are admirably and forcibly taken, and should command the earnest attention of all who make physical examinations. The suggestions embodied in this paper, however, are not new. The writer of these comments was so fortunate as to enjoy the teaching of Austin Flint, as great a master of physical diagnosis as any country has yet produced, and well remembers his positive instructions upon these points—how he insisted upon

the necessity of knowing the anatomy of the lungs and heart, both gross and in some degree minute; their physiology, and, lastly, their pathology and morbid anatomy, accurately studied by means of inspection at the necropsy table, and by means of the microscope, before we were considered able to comprehend the clinical significance of physical signs. The physical examiner who, with preconceived ideas of the condition present, attempts to force his cases into text-book groups, is the rule, and the one who interprets physical signs in the light of a broad knowledge of the normal and morbid conditions of the organs involved is the rare exception. While a general knowledge of the physical signs associated with the various disorders of the heart and lungs is readily acquired from text-books, and may enable even the illy developed examiner to talk glibly on the subject, and sometimes to recognize well-defined forms of disease, such an one cannot be rated as a physical diagnostician. To justify the title one must be a well-informed anatomist and physiologist; must know pathology not only from books but as practically studied at the post-mortem table and in the laboratory; indeed, must be a well-educated physician—educated not so much in the theories of the profession as in its well-established facts. When beginning the study of physical diagnosis upon the living subject, the student discovers how little he really can command of the anatomy and physiology of the organs involved; and this is in most instances due, as Dr. Thayer aptly states it, to the fact that “few minds retain, long, facts the relations and practical applicability of which are obscure.” But let the student map out the heart’s boundaries by means of percussion, or outline the lobes of the lungs by relating them to anatomical points upon the chest-wall, or in a similar practical and interesting manner fix any anatomical or physiological fact, and the knowledge gained abides with him permanently. A very general error in practicing physical diagnosis, not only with the student but with the practitioner who has not been well trained, is a failure to proceed methodically and to record accurately, either mentally, but, much better, upon paper, the conclusion reached at the close of each step. If this is not done, what was observed—*e.g.*, upon inspection—remains as a hazy bit of knowledge after the attention has been distracted by the succeeding steps of the examination;



for to remember the lines of dullness, the location of the apex-beat, abnormal pulsations, thrill and its location, any abnormality in the heart-sounds, the location of murmurs and their points of greatest intensity and their extensions, etc., without recording them, requires an examiner of experience, and even such an one had better make it a rule to record them. Records can be rapidly made by the aid of chest-outlines and signs, and there is no satisfactory excuse for even a very busy man neglecting them.

If the curriculum of any of the progressive medical schools is examined, it will be discovered that the tendency is toward the instruction of smaller classes and the bringing of the students into more intimate contact with the tissues, organs and individuals he studies. Books are not as much used as formerly. The student must, with the minimum of assistance, develop his knowledge from examination of the sick and of their organs after death. He thus is brought into intimate contact with the subject of his studies, and reasons out the meaning of the variations from the normal which he discovers. But after the last word is said upon the subject of the development of the doctor, it requires little observation to discover that the true physician is born, not made. While the mass of knowledge laid under tribute in his development is colossal, his education is not complete when based upon books, not even when this source is reinforced by the most conscientious observation at the bedside and in the laboratory. Were it possible for one to be possessed of all available book knowledge, he would still be a poor physician without the possession of kindness, tact, and that sympathetic knowledge of his fellow-men that marks all truly successful practitioners of the healing art.

W. C. G.

## TIMOTHY FIELD ALLEN, A.M., M.D., LL.D.

By the death of Dr. T. F. Allen, there has gone from us the last of the greatest trio which Homœopathy has produced.

Hahnemann, Hering and Allen, are three great names which will always stand out in bold relief, among the names of all the others. Noble, earnest, and great workers for our school.

Dr. Allen was born at Winchester, Vermont, April 24, 1837, and was the son of Dr. David Allen, a well-known physician of the old school. He received his early education in the schools of his native town and at East Windsor, entered Amherst in 1854, and was graduated from that institution in 1858, receiving his degree of A.M. in 1861. And in 1885 the degree of LL.D. was added in recognition of his achievements in medicine and botany. After leaving Amherst he entered the Medical Department of the University of N. Y., whence he was graduated in 1861.

He began practice in Brooklyn, but early in the Civil War entered the U. S. Army, and saw active service at Point Lookout. When he returned to New York he entered into partnership with Dr. Dunham. From that time his success was assured.

He had become a convert to homœopathy during his residence in Brooklyn, and was led to investigate it through the success of Dr. P. P. Wells in the treatment of cholera, which was then prevalent. He had lived in Dr. Wells' family during the time he was attending medical college. Like all converts he was an enthusiast from the start, and his faith and confidence in homœopathy never left him.

In 1866 he was appointed to the Chair of Anatomy in the N. Y. Homœopathic Medical College—he was the best teacher of anatomy I ever listened to—and in 1871 to the Chair of Materia Medica, which position he filled until his health failed him two years ago. In 1882 he was elected Dean of the College, and held the position for twelve years. He occupied the Chair of Chemistry in the N. Y. Homœopathic Medical College for Women prior to his occupancy of the Chair of Anatomy in the N. Y. Homœopathic Medical College.

He was for many years Surgeon to the N. Y. Ophthalmic

Hospital, and was instrumental in securing an endowment for the institution which placed it upon a sound and lasting basis, and was President of its Board of Trustees at the time of his death. He was also President of the Board of Trustees of the N. Y. Homœopathic College and Hospital until a short time since, when failing health compelled him to resign.

It is a matter of record that Dr. Allen's personal influence in the interest of homœopathy brought about the organization, maintenance, and homœopathic control of the leading homœopathic hospitals in Manhattan. The N. Y. Ophthalmic, the Laura Franklin Free Hospital for Children, and Flower Hospital all owe their beginnings and much of their subsequent success to his untiring devotion to our cause.

It is not my purpose to write of Dr. Allen's various attainments and achievements. As author, writer, botanist, and all around scientist, all these are too well known to need any elucidation from me. I shall touch here only on some of his personal characteristics, observed through long years of intimate association and daily intercourse.

I was a member of his household for eight years consecutively, and I had abundant opportunity for observing his character and knowing his innermost nature, his thoughts, his impulses, his hopes, his fears, his ambitions, his joys and his sorrows; for I was not only his companion but his confidant in everything. So close were our relation and friendship, that during all those years, no unkind word passed between us, no unfriendly thought.

He was, indeed, so kind, so gentle in his disposition, that during my long association I never saw him angry. He was often provoked when things went wrong, but he never gave way to anger or to undignified expression.

He was brusque at times (and perhaps to those who knew him least this was his most notable characteristic); he was impulsive and outspoken; but he never was dogmatic nor overbearing, and never disputatious.

He had the reputation of being unapproachable and unsympathetic, and his manner, of which he was wholly unconscious, at times was such as to create that impression with one who did not know him well. But, as a matter of fact, he was one of the most approachable and most sympathetic of men. His



preoccupied manner (and he was always preoccupied) sometimes gave the impression of inattention or indifference; but he was never indifferent nor inattentive, and could re-word all that had been said to him.

He possessed to a remarkable degree the faculty of doing two things at the same time—and doing them well, too; but this very accomplishment often got him into trouble and subjected him to very unpleasant and unkind criticism. For instance, the son of one of his best patients and closest friend consulted him one day at his office, and when he returned home was bitter in his reproaches of Dr. Allen for not giving him the attention he felt his case deserved; charged him with treating him curtly, going to his cabinet, taking out a few powders at haphazard, and hurrying him out of his office without carefully examining into his condition. His story impressed his family, and another physician was summoned, who found the boy very ill with what subsequently proved to be typhoid fever.

To show how false was the young man's impression, I came in soon after he had gone, and found Dr. Allen sitting at his desk with a troubled expression, and inquired what had happened to give him such evident anxiety? He started at my question, looked at me a moment, and said: "I am greatly distressed about young ——. He was in here a few moments ago, and I am sure he is coming down with typhoid fever; and if he is, he will have it badly, for he is a very sick boy now. Of course I could not tell him what I fear, but I must call this evening, when his father is at home, and tell him of my fears, and at the same time see the boy again."

He was unable to call that evening, and next morning learned that the boy was very ill and that another physician had been summoned. But he did not learn until some weeks later—after the boy's death—why he had been superseded; and I have never seen more poignant distress than he manifested then.

He was the most industrious person I ever knew—the most prodigious worker. He was never idle. He always felt that waste of time was an unpardonable sin. Often he would discourse to me upon the subject, and as often abruptly end the conversation with the remark: "And here I am wasting my time on you! Go to work! Go to work!"

If he was ever beguiled from his work by an occasional caller, the dropping-in of a friend or an acquaintance,—and no man ever valued or enjoyed such attention and the chats that ensued more than he,—he would apparently drop everything for the moment and give himself up wholly to his friend, chatting pleasantly and jovially, and to all appearances oblivious of everything but the subject in hand. But any one who knew him well could see that the never-ceasing current of thought of his work was running in his mind all the time; and when he was at liberty he would impetuously return to it, as if he must make up for lost time.

He was not only a worker, but he worked with strong purpose. Like his speech, his work was consecutive, logical, and, so far as was in his power, conclusive. He accomplished more than most men equally zealous, and perhaps equally industrious. This was in a great measure due to system; but still more was it due to economy of time and the ability to take up his work where he left off, and without a moment's reflection recall the train of thought that had been interrupted. For instance, I have known him to be interrupted while preparing a paper for some journal or society. He would put it aside immediately, without comment, and perhaps would not have an opportunity to return to it for several days. When he resumed it, without stopping to consider what he had already written, he would immediately complete the sentence left unfinished: and thence would go on with his article as easily as if he had never left it.

This faculty of commencing where he had left off, without effort, enabled him, without loss of time, to accomplish a great deal that under other conditions must have been left undone. It shows a remarkable mental equipment which few men possess.

During the period of writing the "Cyclopedia," when he was at the zenith of his practice—a practice that would have filled the time of any ordinary man to the exclusion of any other work—he not only attended to its every detail, punctiliously keeping every appointment, but carried on the work on the "Cyclopedia" as well: supervising all the work of his helpers, dictating translations to his stenographer, revising the translations of others, adding notes and comments, correcting

errors in spelling and grammatical construction, personally examining and completing, in short, every detail of the work. There is not a line or a symptom in all those ten volumes that was not read by him, or read to him, before it went to press. No one who was not on the spot can form any idea of the magnitude of the labor or the immensity of detail involved in the development and preparation of such a work.

Nor was the "Cyclopedia" the only demand upon his time. There were his lectures at the college three times each week—and such lectures! Lectures such as Allen only could give—thoughtful, logical, forceful, entirely devoid of fancy or speculation, direct and to the point; a clear statement of facts which had been established by observation and experience.

He was never satisfied with his lectures, and was always careful to avoid any statement he could not defend. He never went into the lecture-room unprepared, and I have known him to spend hours in preparation.

Then there were the duties of the Deanship, which he conducted without assistance: carrying on the correspondence, directing the affairs of the college, formulating its policy, managing its finances, settling disputes, preparing his reports, in fact giving personal attention to every detail incident to the affairs of such an office.

His botanical studies also came in for a share of his time; and another share was taken in the preparation of his frequent articles for medical and botanical publications. Along with all this work he was a voluminous reader of professional journals. Not a medical or scientific journal came to his office, and the number that came was legion, that was not thoroughly scanned, and every article of interest recorded in his *index rerum* for future reference.

"The mind, the purpose, and the endurance that were responsible for these stupendous accomplishments are among the rarest of human attributes."

Dr. Allen would have excelled in anything he had undertaken, but perhaps his most brilliant achievement would have been in music—had he adopted it as his profession—for he possessed a real musical genius. What he accomplished in his profession and in other branches of science, and particularly in botany, was through the most patient industry and his love of



work; but he would have been a *great* musician because he could not have helped it. He constantly suppressed his talent, and kept it in the background, that it might not interfere with his other work. Yet it often would come to the front, and demand attention so insistently that he would drop everything and spend a half hour or so at his organ—always improvising vehemently at first, but gradually becoming more and more moderate and subdued, and finally ending with the softest, sweetest and most peaceful strains. It is to be regretted that most of these impromptu productions could not have been recorded. They were the outpourings of a nature rare in this world. It always impressed me that some theme would take possession of him so strongly that, resist it as he might, it would take precedence of everything in his mind and could only be dispelled by his giving it expression—and when the storm had passed he could quietly return to his work again.

He was most generous in everything. I never knew him to be guilty of a selfish act or to give utterance to a selfish thought. He would give away his last dollar, and his charities were manifold, but his giving was never ostentatious.

It was not only in charitable giving that his unselfishness was conspicuous, but in his treatment of those about him. Many a young practitioner in New York, placed by him in positions which his energy and his influence had provided, can testify to his unfailingly generous goodness.

In all the great institutions which he gave to the homœopaths in New York—the Laura Franklin, the Ophthalmic, the Flower, Medical and Surgical—he was not more than the least of those who held positions therein. They were never *Allen's* institutions! and he carefully avoided any act which could by any possibility be so construed. He was always genial with his associates, and none of them stood in awe of him. They all recognized his ability and strength, but none of them feared him, nor hesitated to oppose him in any matter of policy.

In his family he was most gentle, kind and indulgent; always cheerful and often mirthful, particularly at table, where he often introduced conversation of a lively character, and entered into it with the keenest enjoyment and relish.

He was of a gay disposition and a great lover of fun and jokes—even of a practical kind which he sometimes indulged in with the keenest enjoyment.

He had the merriest laugh I ever heard, and when anything particularly funny was brought to his notice his laughter was immoderate.

To those who did not know well he gave the impression of austerity. But he was never austere, and could not have been if he had tried. Austerity was as foreign to his nature as dishonesty, and a more honest and upright man never lived.

Apart from the seriousness with which he regarded the duties of his life, he was the most light-hearted man and the simplest man I ever knew—the most gullible and the most open to imposition. Simplicity and greatness are often combined; and he, assuredly, possessed simplicity to a superlative degree.

He was a most generous critic. I never heard him speak harshly of others until his health began to break and he was no longer himself. Nor did he like to hear unfriendly criticism. It always hurt him beyond expression to hear unfriendly criticisms of himself, and he never could understand why they had been uttered. He would canvass and analyze his words and acts to see what he had said or done to justify them. He was so honest in his intentions and in all that he said and did that it was a grief to him when his motives or words were misconstrued.

He was fearless and outspoken towards those whose motives he distrusted, and he sometimes was premature in his conclusions; but he was quick to make amends when he was at fault. Like many prominent men, he had enemies; but he could never understand why. Often he talked with me about it. "Such and such a man hates me," he would say, "and I wish I knew why. I never harmed him in any way; I never have offended him that I know of; still, he says ugly things about me." I would reply: "Doubtless he is asking himself the same questions about you. Why don't you go to him and have an understanding? It is not right that two good men like yourselves should go on hating each other all your lives when a word could make you friends. Doubtless his ears are filled with gossip about you, as yours are with gossip about him; and, being more irascible, he gives utterance to his feelings." In one instance, at least, to my knowledge, this advice was taken, with the result I had predicted.

As a physician, he was devoted, conscientious and solicitous. He had an intuitive mind, and nothing about his patient escaped him. He was most painstaking in examining carefully into every little detail, and most accurate in his diagnosis and judgment. He was equally as painstaking in the selection of his remedy, and seldom made a haphazard prescription. The sufferings of his patients distressed him, and he spared no labor nor pains to assure their speedy relief—and he always sought it in the homœopathic provings. He seldom resorted to palliatives, because his knowledge of homœopathic materia medica was so extensive and so accurate that it was very, very seldom that he failed to give quick relief. It was always a source of great satisfaction to him to succeed where others had failed; but it was never a selfish satisfaction. His delight was in the triumph of homœopathy. No little child with a new toy could experience more pleasure or delight than I have seen him exhibit over a successful prescription.

I have indicated here a few only of Dr. Allen's more salient characteristics. I shall not even attempt more, though I could go on indefinitely. He was a man of the broadest mind, and he was phenomenally broad in the range of his activities; and all that he did was done well, because into everything that he did went his whole energy and his whole heart. Each piece of work for the time that he was engaged upon it was the only piece of work in all the world. That force of concentration, with the power to pick up anew his work where he had dropped it, was the simple secret of his life of great accomplishment. What we owe to him—and think how much we owe to him!—he was able to give us because he pressed each single purpose of his life singly to its successful conclusion with all the strength of his soul.

It has been said in the world more than once that no man is indispensable; that always another may be found to fill a place made vacant. Of Dr. Allen this is conspicuously untrue. No one will or can be found to do the work that he accomplished. With what infinite skill and patience he wrought none but those who can appreciate his genius will ever know.

ST. CLAIR SMITH, M.D.



## GLEANINGS.

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A CASE OF HEREDO-SYPHILITIC TUMOR OF THE PELVIS, CLOSELY RESEMBLING A MALIGNANT GROWTH, IN A PATIENT OF THIRTY-FOUR YEARS, CURED BY THE MIXED TREATMENT.—Prof. Fournier, of Paris, reports an interesting case of a man of thirty-four years, who was the bearer of a pelvic growth intimately involving the bladder and rectum, which very closely simulated a malignant growth of these parts.

The growth had been seen by three different Parisian professors of the same faculty, who had declared it inoperable. Fournier was called on account of a possibility of its being syphilitic in origin. He found a man of thirty-four years, pale, emaciated, weak, with a tendency to cachexia. He had suffered for several months from a sense of vague distress in the true pelvis, with progressive symptoms of compression of the bladder and rectum, as very frequent and painful micturition and the passage of ribbon-shaped stools, which, at times, would be almost impossible to pass without purgatives. Abdominal and rectal palpation revealed a voluminous infiltrating mass, which almost filled out the true pelvis, and projected upwards towards the left and anteriorly. The mass extended two or three fingers' breadth above the pubes, and somewhat higher in the left iliac region. It seemed to be a tumor of about two cms. in thickness, which was reflected over the bladder. Somewhat high up the rectum appeared to be surrounded by a growth which was hard and painful. There were no nodosities except to the right. The whole extent of the mass seemed hard, wooden and indolent. No glandular enlargement. The functions seemed normal, while the personal and family history was negative. Not the slightest sign of hereditary or acquired syphilis could be detected, yet there was a suspicious circumstance in the fact that out of a family of fifteen children twelve had died at an early age.

The patient's elder brother came to him, assuring him that he was certain that his brother had syphilis. An ophthalmologist examined the eye-grounds of both. The one affected with the tumor presented certain suspicious signs, yet only after having examined the healthy brother's eyes was one certain. His eye grounds were the seat of certain signs of congenital syphilis. The chorio-retina was the seat of a very accentuated pigmentary dystrophy, as small discs, of a yellowish color, surrounded by little atrophic or pigmented patches, which were the traces of peri-papillary chorio-retinitis. The margins of the discs were flattened, irregular, hiding the vessels themselves, which offered slight traces of former arteritis and peri-arteritis. All these changes were more pronounced in the right eye, and the patient stated that this eye has been weaker than the other since childhood. The pupils themselves reacted normally. He was myopic in both eyes. With a great deal of hesitation and doubt as to the success of anti-syphilitic measures, he commenced treatment by injecting two cgms. of the benzoate of mercury daily, and ad-

ministering four to six gms. of the iodide of potash at the same time. Hardly a week had passed before an improvement was noticed. Ten days still later there was no doubt, for the growth seemed to atrophy and to retract. By the twentieth day it had decreased at least one-third in size. In short, in two months it had wholly disappeared. At the same time the patient's general condition had also greatly improved, for he had gained eight kilos, while the rectal and vesical symptoms had been relieved entirely, and he enjoyed perfect health.

The lesion probably was a gummatous cellulitis of the pelvis. Such a condition in the experience of this great French syphilographer, as well as that of Prof. Guyon, of Paris, is extremely rare; in fact, it is the first case of its kind that he has met with or heard of. It should be noted that it was due to hereditary syphilis at the age of thirty-four years, and it had not been preceded by any other specific manifestation. Facts are gradually accumulating which go to demonstrate that late hereditary syphilis may not make its appearance until even later—the fortieth, fiftieth, or even as late as the sixtieth year. Hence hereditary syphilis of middle age is an ascertained fact which should be kept in mind. Another fact: there were no palpable signs of the disease if one except those in the eyes. Of late, we have heard a great deal about the stigmata of hereditary syphilis, as Hutchinson's triad, infantilism, cranial malformations, cranial bosses, nasal and osseous deformities, scars of the skin and mucous membranes, as well as certain congenital dystrophies. These often aid diagnosis, and are of great service, but they may wholly be absent, oftener than is thought. At times the teeth of a heredo-syphilitic are very good, even admirable specimens. Therefore, he asserts that there are certain deceptive cases. How should one diagnose them? One may suspect if there be an exaggerated mortality amongst the children of the patient's family. Or, if there be a record of excessive numbers of abortions, of children still-born, or of those who die soon after birth. Examine the eye-grounds of the brothers and sisters, as well as the parents, if they are still living. Never neglect to examine the relatives if there be any doubt. "My brother's eyes have saved me," said this patient.—*Journal des Practiciens*, No. 43, 1902.

INFECTIONS WITH THE BACILLUS OF DYSENTERY, WITH ESPECIAL REFERENCE TO ITS RÔLE IN THE SUMMER DIARRHOEAS OF CHILDREN.—Dr. Simon Flexner delivered an address upon this subject before the Medical Association of the city of New York, October, 1902. Dr. Flexner has done much original work in investigating the dysentery bacillus and the lesions it is capable of inducing. There is not a single condition characteristic of infection with this bacillus, but, as in the case of diphtheria, a variety of disease states may be set up thereby. The modern tendency is to classify diseases according to their etiology, and not according to single pathological lesions. From our present knowledge of the dysentery bacillus, we are justified in claiming that there is a variety of intestinal infections which go by the name of dysentery, all of which are due to this specific bacillus. One of the most important facts that has been discovered in connection with this bacillus is the agglutination reaction that can be obtained in the blood of persons and animals infected with the same. This reaction is specific, and cannot be produced by any other bacillus.

The commonest pathological lesion found is a pseudomembranous inflammation of the colon, yet this is not invariably the case. There may also be ulceration. The disease is acute, but shows a tendency to become chronic.

Dr. Flexner referred to the work done by Messrs. Duval and Bassett in Baltimore last summer. While they were not prejudiced in the belief that the bacillus of Shiga was the distinctive germ of the summer diarrhœas under investigation, still all other organisms present resisted the tests applied to them. All were subjected to the blood-serum test, and the Shiga bacillus was the only one with which the agglutination test could be obtained.

The cases investigated were typical ones of entero-colitis with fever, and mucus and blood in the stool at some time or other. In the mild diarrhœas, the dyspeptic disturbances, the bacillus was not found. In the first-mentioned class of cases it was almost invariably found. When, however, a mild case progressed to the severe form, the bacillus made its appearance. It is not found in the stools of healthy children. The conclusions to be drawn are that its etiological relation to the disease is borne out by its absence in health, its invariable presence in the disease and the specific blood reaction that can be obtained in infected individuals.

Morphologically, this organism belongs to the typhoid group, but it possesses distinct individuality easily recognized by those familiar with it.

The prevention of infection is the most important question that now arises. While the method of its transmission is not positively known, still there seems to be evidence that the germ is conveyed in the water-supply. In this respect it is similar to the typhoid germ and the cholera bacillus. It is easily destroyed, a temperature considerably below the boiling-point killing it. (The efficacy of Pasteurizing in preventing infectious diarrhœas in milk-fed infants certainly bears out the fact that the organism is easily destroyed by a moderate degree of heat.) Inoculation seems to offer a chance of protection, but in children it is not justifiable. For them the greatest triumph would be to produce a serum capable of curing the disease. Experiments upon guinea-pigs have so far proven successful.

Dr. L. Emmet Holt, in discussing the paper, said that the observation of 50 cases in a single locality proved that the infection was not rare. He had been struck by the similarity of the pathological lesions of children's diarrhœa and dysentery long ago, croupous and follicular inflammation being common.

Dr. C. A. Herter reported a case of dysentery in a child 5 years old, in which a serum prepared by Dr. Flexner was used. Ten c.c. were injected three to four times daily, with improvement in all the symptoms. He also referred to the statistics from the hospital in Tokio, where the mortality-rate among those receiving the serum was considerably lower than among those not getting it.

Dr. Flexner, in closing the discussion, said the bacillus was associated with a wide divergence in symptoms and lesions. He could not speak on summer diarrhœa as a clinician, but as a pathologist. We are not looking for a definite pathological anatomy, but for a definite bacillus.

C. Sigmund Raue, M.D.

**KRESAMIN IN THE TREATMENT OF PULMONARY TUBERCULOSIS.**—Barney (Brooklyn) states that in 1894, while working with Prof. Edwin Klebs in his



laboratory in Asheville, he began the use of various organic compounds in vapor form. The best results were achieved with trikresol in solution with ethylenediamine, which is sold under the name of kresamin. Tubercle bacilli immersed in a 6 per cent. solution are killed in a few seconds.

The first experiments were carried on with a 6 per cent. solution of trikresol, containing sufficient alcohol to permit of the admixture of the necessary amount of water, and enough glycerin to allow it to be used in a nebulizer with or without the aid of the pneumatic cabinet. Inhalations of from two to fifteen minutes were given, some daily, some every other day, and some twice weekly, without making any special selection of the cases, and a careful microscopical examination of the sputa made, in order to observe what effect, if any, the antiseptic had upon the bacilli. As a matter of course, the results varied more or less in proportion to the severity of the disease and the amount of recuperative power of the patient. As a rule, by the beginning of the third week the bacteria showed changes in form, and finally disintegration, while the sputum became thinned and in favorable cases ceased. The general improvement was marked, fever diminishing, strength increasing, and complete restoration to health occurring in nearly all first-stage and some second-stage cases.

An objection to trikresol, however, was its acid reaction, and after various experiments kresamin was substituted. It can be used in watery solution up to 32 and even 36 per cent. It has, however, rarely been necessary to go beyond 25 per cent. solution. While the vapor can be used with good results in the ordinary nebulizer, the pneumatic cabinet is an invaluable adjunct. The rarefaction of the air within the cabinet while the patient is inhaling the vapor at the usual atmospheric pressure causes the lungs to expand to a greater degree than common, and allows the remedy to penetrate much more deeply. This method also obviates the necessity of an effort by the patient to take deep inspirations, which often tire the weak.

Two tables are appended, giving a comprehensive review of 100 cases treated by Dr. Barney. Of 30 cases in the first stage of the disease, 29 were cured, 1 remaining unimproved; of 30 cases in the second stage, 19 were cured, 6 apparently cured, 1 arrested; 4 remaining unimproved; of 40 cases in the third stage, 8 were cured, 18 arrested, 3 improved, 11 remaining unimproved.—*The Med. Exam. and Practitioner*, Nov., 1902.

F. Mortimer Lawrence, M.D.

A NEW SERUM USED IN THE TREATMENT OF SCARLET FEVER.—G. A. Charlton, Rockefeller Fellow in Pathology of McGill University, refers to a communication by Dr. Paul Moser, referred to in the *British Medical Journal* for October 4th, in which that investigator records the results achieved with an antistreptococcus serum, secured by injecting horses with pure cultures of the streptococci, isolated from the blood of children who had succumbed to scarlet fever. This serum "has been used clinically since November, 1901, in about 84 cases, with the result that the mortality among 400 cases of the disease in St. Anne's Hospital has been reduced one-half. Only the more severe cases in the hospital were treated with the serum on account of the difficulty in obtaining a sufficient supply."

Unknowingly, Dr. Charlton has for nearly two years been engaged upon a similar series of studies upon the cases of scarlet fever admitted to the Mon-

trear Hospital, and his results are of great interest. He attempted to confirm the work done by Class, of Chicago, upon an organism termed by him the diplococcus scarlatinæ. There is no doubt that an organism corresponding with that described by him can be isolated from cases of scarlet fever, but Charlton is unable to satisfy himself that it was the cause of the disease; but his studies convince him that the streptococcus leads to a secondary infection, which is the cause of most, if not all, of the unfavorable complications of the disease. An anti-streptococcic serum was, therefore, demanded. Various anti-streptococci sera had already been tried, with little or no result; but within the last few months a new anti-streptococcic serum has been produced, by a special process, in the biologic laboratory of Frederick Stearns & Co., of Detroit, under the direction of Dr. Hubbert. This serum has been employed in the treatment of fifteen cases, all severe, and presumably apt to terminate in severe complications or death. Thirteen recovered promptly, not one developing either albuminuria or otitis media; and of the two fatal cases, one occurred in a patient who was moribund on admission, and lived but four hours; and the other, on admission, was suffering from pneumonia, and succumbed five days later to an attack of laryngeal diphtheria. As a rule, the injection of 20 c.c. of the serum was followed in two hours by a fall of temperature, the latter becoming normal in from two to four days. These remarkable results justify the author's hope that further observations on the part of himself and other physicians will confirm belief in the efficacy of this new serum.—*Montreal Med. Journ.*, Oct., 1902.

F. Mortimer Lawrence, M.D.

THE ETIOLOGY OF ENDOCARDITIS, WITH ESPECIAL REFERENCE TO BACTERIAL AGENCIES.—Under the above title Blum, of San Francisco, contributes to *American Medicine* (Jan. 17, 1903) an interesting résumé of our knowledge of heart disease from the time of Vieussens to the present, and records the results of recent experimental investigations, including his own labors in Leyden's clinic at the Charité (Berlin). His summary is as follows:

1. Bacterial agencies are active in the causation of endocarditis.
2. The presence of bacteria in the circulation is not alone a sufficient cause; but a predisposition—a *locus minoris resistentiæ*—must exist in order for them to secure a foothold. (Experiments of inoculation, in the which the endocardium is not wounded, give negative results.)
3. Not all bacteria are capable of causing an endocarditis, but in general those which are pathogenic for the individual may cause endocarditis (under proper conditions). However, under certain circumstances, as in the author's typhoid case, a bacillus ordinarily non-pathogenic may acquire a specific virulence. And again, as in the pyocyaneus case, the lowered vitality of the individual (in the pyocyaneus case the child had hereditary visceral lues) may afford opportunity for an ordinarily nonpathogenic germ to secure a lodgment.
4. There are other causes of endocarditis besides bacteria. From the time when the theory of a parasitic origin of endocarditis was first tentatively advanced there has been a gradual strengthening of this opinion, until now it is enthusiastically maintained that bacteria are responsible for all cases of endocarditis. This view may be immediately confuted, since certain atheromatous conditions may directly cause the lesions characteristic of endocarditis, without the necessity of any further agency. Furthermore, cases of congenital and infantile endocarditis cannot all be placed in this category, although in some



of these such influences may probably operate. Finally, there are cases of known mechanical and chemical origin. Such are due to traumatism, rupture of the valves or chordæ tendinæ, cases associated with systemic disturbances, such as occur in goitre, diabetes and chronic alcoholism.

Endocarditis may then be classified with reference to its etiology, as follows:

1. Congenital and infantile endocarditis may be due to defective development, to reparative processes as suggested by Parrot, and to other causes (unknown).

2. Endocarditis due to known bacterial agencies, *e.g.*, streptococcus, staphylococcus, tubercle bacillus, pyocyaneus bacillus.

3. Endocarditis of probable bacterial origin, associated with definite diseases, presumably of a bacterial nature, but of which the bacterial agents are still undiscovered, *e.g.*, rheumatism, chorea, syphilis, exanthemata, etc.

4. Endocarditis due to mechanical or chemical insults, *e.g.*, blows, strains, noxious excretory products of the blood, alcohol, atheroma.

(The author evidently uses endocarditis as an indiscriminate term for all valvular heart lesions. Were it restricted, as it should be, to inflammatory processes, his claims as to its non-bacterial origin would remain unproven.—ED.)

F. Mortimer Lawrence, M.D.

**SURGICAL HINTS.**—In feeding a patient by the rectum it is a good plan to press rather firmly upon the anus for some time, say a quarter of an hour or more, after the injection has been given. This diminishes irritability and naturally favors retention.

In the treatment of Colles' fracture the question is not so much what form of splint or dressing should be employed, as whether perfect reduction has been attained. Use anæsthesia and the X-rays rather than leave the slightest doubt in regard to this matter.

It is a good general rule never to give whiskey or other stimulants to a person who is bleeding, because it is apt to increase the hæmorrhage and to augment the patient's excitement. Keep your stimulants away until after the bleeding has stopped, and they are often unnecessary by that time.

In some cases of inoperable cancer of the cervix severe pain sometimes occurs as a result of occlusion of the cervical canal. When this is the case it should be cleared out. Anæsthesia is usually not necessary, but measures must be taken against the bleeding, which may be quite sharp and prolonged. It must be accepted as a fact that in cancer the younger the patient the more active and rapidly fatal the disease will be. Hence while the patient's youth may lead to disbelief in the presence of cancer, careful observation is necessary in suspicious cases, for unless prompt interference takes place early in the disease, results are very rapidly disastrous.

It is well known that in at least one-half of the fatal cases of burns, shock is the direct cause of death. Hence the treatment must not only be local for the traumatism, but must also be directed to allaying and preventing shock. Pain is a very important element in the production of this condition, and the more thoroughly it can be relieved, the less will be the danger from shock.

In early cases of cancer of the uterus, vagina and cervix, there is usually no bad odor. Hence the practitioner must not be led by its absence to diagnose



a benign growth. As a matter of fact, in the majority of cases, by the time that a bad odor has developed the patients are beyond the reach of surgical aid. Pain, wasting and cachexia are also late symptoms in this region, and only occur after the case is a hopeless one.—*International Jour. of Surgery*.

Herbert P. Leopold, M.D.

**THE SURGERY OF CARDIAC WOUNDS.**—Thirty-eight cases analyzed by Dr. L. L. Hill (*Medical Record*), and an additional one reported in his own practice, show a total of recoveries amounting to 14, or 37 per cent.

This, compared to a mortality of 90 per cent. in cases treated without operation, gives to surgery a distinct place in the treatment of heart-wounds.

The rules formulated by Dr. Hill are worthy of careful consideration, and, in brief, are as follows: Every wound of the heart should be operated on at once. If the patient is conscious employ chloroform anæsthesia, as struggling is apt to cause hæmorrhage.

These wounds should never be probed, as serious injury to the myocardium might result. Rotter's operation renders access to the heart extremely easy, and should generally be adopted. Before attempting to suture the heart it should be steadied by lifting up or carrying the hand under it. Parozzani was able to introduce his little finger in the opening, thus steadying the heart, checking hæmorrhage and facilitating the passage of stitches. Interrupted catgut sutures should be employed, which must not penetrate the myocardium. The pericardium is to be sponged out, but no fluid is to be introduced. Finally, of course, the most thorough asepsis must be maintained.—*International Jour. of Surgery*.

Herbert P. Leopold, M.D.

**THE DIAGNOSTIC VALUE OF ABDOMINAL RIGIDITY.**—Blake, of New York, has the following to say of the value of abdominal rigidity. Abdominal rigidity is caused not only by inflammation, but also by irritation of the peritoneum. It is well marked in all pyogenic forms of peritonitis, and usually absent in the chronic forms, as tuberculous peritonitis, but may be present in a rapid extension to a previously healthy portion from the rupture of a walled-off loculus. The extent of rigidity is a reliable index to the amount of peritoneal surface implicated. This is undoubtedly due to the segmented innervation of the abdominal wall. Thus, a segment of the abdomen may be quite rigid, while its neighboring portions are flaccid. The different appearances of rigidity and its occurrence in different abdominal conditions are best shown by taking up these conditions in order.

Hæmorrhage-rigidity appears coincidently with the escape of blood into the peritoneal cavity.

Rupture or perforation of hollow viscera with escape of their contents-rigidity may be caused by the irritation of the ensuing inflammation, so that it may be at once or later.

Peritonitis-rigidity, always present except in chronic forms, and in advanced cases of general peritonitis. It varies greatly, and is a most valuable sign in estimating the degree and extent of the peritoneal involvement.

Appendicitis, absent in the catarrhal forms, but as soon as the inflammation extends to the peritoneum it appears and increases directly with the amount of peritoneum involved. Hence, marked and extending rigidity appearing early in a case of appendicitis denotes danger, and often a rupture of a distended appendix.

Thoracic inflammation gives rise to rigidity in the upper portion of the abdominal wall, and must be excluded by a careful examination of the thorax.

Summary.—Abdominal rigidity is a constant symptom in all irritation and inflammation of the peritoneum, and is, therefore, a valuable sign in the diagnosis of the presence of foreign materials in the peritoneal cavity, even before inflammation has ensued. It is a fairly accurate index to the severity and extent of a peritoneal implication, and is, therefore, valuable in observing the course and estimating the severity of a peritonitis. It is a more reliable sign than pain or tenderness in the diagnosis of perforation occurring in typhoid fever.—*N. Y. Med. Jour.*

Herbert P. Leopold, M.D.

AMETROPIA IN KINDERGARTEN CHILDREN.—The eyes of the little child are almost always hyperopic and astigmatic, and the ocular tissues are especially plastic and easily injured by near-work such as is common in kindergarten schools. It therefore behooves all teachers of these schools and parents who send their children to them to see that the eyes of every child be tested by an expert oculist. Dr. Newsholme, of England, has especially directed attention to the danger of injury to the eye at this time of life, but with many others he fails to point out the true remedy. It is not so much the postponement of attendance at school until later years, when the eye shall have supposedly become more capable of resisting strain; this should be done, of course, if there were no other remedy. But there is another remedy, viz., spectacles, if needed; and with this remedy applied there is obviated all the disaster rightly described.

The work of the ordinary kindergarten is not harmful to the eyes or health of little children, provided that the eyes have been tested by a skilled refractionist. If the child of five needs glasses to prevent injury to the eyes and to the health, the chances are that at a later age the double injury will not be avoided except by glasses. All the nonsense about "bespectacled children" and a "beglassed nation" must be contemptuously put down. If the facts are as stated, pride and prejudice must have no voice in the matter.—*Amer. Med.*

William Spencer, M.D.

THE BECQUEREL RAYS IN OCULAR DIAGNOSIS.—The X-rays have come to occupy so prominent a place in medical and surgical diagnosis that it will not prove a source of much surprise to find that the more recent discoveries with regard to the so-called Becquerel rays are just as announced as having a cognate diagnostic application. The Becquerel rays are the radiations emitted at normal temperature by certain metals. Professor Becquerel first called attention to the fact that various compounds of uranium glowed in the dark and possessed in this regard a property resembling phosphorescence.

The metal itself did not, however, lose weight as a result of this emanation of light, and it was found that the light was due to a disturbance of the ether causing light-waves, but without any of the development of energy usually considered necessary for the production of light. Other metals were found to act the same way, notably certain rare new metals, as polonium and radium, so-called because of its radiant quality. It was discovered that these metals might have an effect upon the skin not unlike that produced by the X-rays in the so-called X-ray burns. Salts of uranium carried in a phial in the pocket have been known to produce redness of the skin followed by des-



quamation and subsequent soreness that did not heal for several weeks. Recently, M. Curie, of Paris, the discoverer of the new metal, radium, has been experimenting with certain possible uses of this metal in ocular diagnosis. It is often of extreme importance to know whether the retina behind opaque ocular media is still capable of responding to stimulation by rays of light—is, in a word, capable of vision if the opacities of the media should be removed by operative procedure. The radiations from radium are said to penetrate absolutely opaque media and demonstrate the sensitiveness of the retinal nerve-fibres very clearly. Among others, the distinguished French ophthalmologist, Javal, has been attracted to the study of the subject. Javal is blind as the result of chronic glaucoma, for the cure or amelioration of which every means known to science was employed in vain. He hoped to find in the new metals and their radiations certain helps for the blind, and also some lights on the physiology of vision and the nervous conduction of light. The whole subject is one of those fascinating phases of advancing science that holds out attractive promises of important results. Observations so far made certainly encourage the idea that there may be significant practical improvements for ophthalmology to be derived from the new science of radiology.—*Amer. Med.*

William Spencer, M.D.

**BLINDNESS DUE TO ANTISEPTICS.**—The surgeons of the New Orleans Eye, Ear, Nose and Throat Hospital have noted the great number of patients entering the institution from the country around New Orleans suffering from partial or total blindness. An investigation has disclosed the fact that a cheap antiseptic, containing a large amount of wood alcohol, has been used throughout Louisiana.

The city chemist found as much as 30 per cent. of methyl alcohol in some of these specimens, rendering them totally unfit for internal administration. As methyl alcohol, when taken internally, acts directly on the optic nerve, the majority of the persons affected will not fully recover their eyesight.—*Phila. Med. Journal.*

William Spencer, M.D.

**TREATMENT OF DETACHMENT OF THE RETINA BY INJECTIONS OF SODIUM CHLORIDE.**—Castresana announces that injections of a concentrated solution of sodium chloride cured detachment of the retina by the strong osmotic currents and the slight irritation with consequent adhesion which they induce. Stackle has recently reported 23 cases thus treated, resulting in 6 complete and 10 partial cures. He used a 4 to 10 per cent. solution, which Castresana does not consider sufficiently powerful. He would probably have been still more successful if he had injected a saturated solution of the sodium chloride such as Castresana recommends. He reports several patients treated in this way, with the cure of all recent cases. Detachment of long standing is incurable. In one patient the detachment had occurred four years previously in one eye and six months in the other. The first eye was not affected, but the detachment was entirely cured in the second eye with restoration of vision.

He injects beneath the conjunctiva 2 gms. of a saturated solution of the sodium chloride, to which 2 drops of acöin have been added. The injection is rather painful, and causes considerable chemosis for a few hours, with irregular pulse and a tendency to vomit; but all these symptoms passed away in



the course of twelve hours, and the reaction was very slight to the second injection, which he found necessary in a few cases. No results were noted after the injection in two cases of six and two years' standing. He administers potassium iodide as an indispensable adjuvant to the local treatment. He considers this method of treating detachment of the retina as the most rational at our command.—*Ophthalmic Record*.

William Spencer, M.D.

ON THE ELIMINATION OF URINARY PRODUCTS IN CHRONIC INTERSTITIAL NEPHRITIS.—Dr. Claude, of Paris, at a recent meeting of the Hospital Society of that city, after alluding to the generally-accepted view that in chronic interstitial nephritis renal permeability is diminished, reported the results of the researches of Dr. Burthe and himself in this condition. They employed both cryoscopy and chemical analysis. They found that, on the contrary, the elimination of renal products is rather increased for a long time, and only towards the end of the disease does the quantity fall. Complications may bring about the same result. This is easily explained by a study of the evolution of these lesions. As is known, there is a progressive development of interstitial tissue in the kidneys, with a confluence of islets of sclerosis which were at first disseminated. Simultaneously the blood-pressure rises and the heart becomes hypertrophied. Those parts of the kidney still unaltered undergo compensatory hypertrophy, and the remaining glomerulo-tubular systems thus modified become the seat of very pronounced activity. These glomeruli, with blood circulating in them at a very high pressure, filter out a great deal of fluid charged with excretory products. By this sort of balance which is maintained between the hypertrophic heart and blood at high pressure and the distended capillaries in the glomeruli, elimination becomes abundant, and even increased above the normal, when the heart is particularly strong. But if this compensation be broken by an infection bringing about a myocarditis or a glomerulo-tubulitis, then renal incompetency, more or less lasting, follows. Finally, the atrophic sclerotic process may eventually cause complete destruction of the glomeruli, and, elimination becoming lowered, the symptoms of uræmia set in.—*La Semaine Médicale*. No. 49, 1902.

Frank H. Pritchard, M.D.

OYSTERS AND TYPHOID FEVER.—Dr. E. Sacquépée, in the months of October and November, 1901, observed in the city of Rennes a little epidemic of typhoid fever, where several of the cases followed eating oysters. In one family of six persons four ate oysters, and in ten to fourteen days all four fell ill,—the father of "gastric fever," two children of a severe typhoid fever, which was not fatal, and one of a febrile adynamic affection which terminated fatally in twelve days. In another case, where four women had eaten of oysters, three were taken ill, while the fourth, who had had typhoid earlier in life, remained unaffected. There was a third party of eleven adults who ate oysters together. The following day two had very serious, though transient, gastro-intestinal symptoms; fourteen days later three sickened with typhoid and one died.

The writer has examined eleven specimens of oysters from different parts of the coast of Brittany. Only once did he succeed in finding the bacillus of typhoid, but in ten there was bacillus coli, which, though not pathogenic in itself, showed contamination with substances of animal origin. In experi-

ments with those oysters affected with typhoid bacilli, the germs disappeared in a few days if they were put into salt water and the water changed every day. But if only poured off every fourth day they persisted for several weeks.—*Hospitalstidende*, No. 47, 1902.

Frank H. Pritchard, M.D.

**A CASE OF ALGID PNEUMONIA.**—Dr. Noica reports the interesting case of a man of 64 years, who for a long time had suffered from a left-sided hemiplegia, and who was seized with great weakness, cyanosis, superficial respiration and a very weak pulse. There was no cough and no pain complained of except slight distress in the lower and back portion of the chest. The axillary temperature during the whole eight days of the disease varied between 35.3°–36.7°, and the rectal temperature ranged between 36.4°–37.5°. The necropsy revealed the whole left lung to be in the stage of gray hepatization, while the right was normal. There was, besides, a generalized and very pronounced atheromatosis and an old hæmorrhagic focus in the right hemisphere of the brain. The writer asserts that this case supports the old view that the fever itself is not the direct result of the micro-organisms and their toxins, but rather a reaction of the organism against the disease. This patient had been so reduced by his former illness as not to be able to react to the infection.—*Muenchener Medicinische Wochenschrift*, No. 48, 1902.

Frank H. Pritchard, M.D.

**A CASE OF GENERALIZED PNEUMOCOCCIC INFECTION.**—Dr. Siredey, at a recent meeting of the Hospital Society of Paris, communicated the case of a young girl of 15, who, during the course of pneumonia of the right lung, associated with a suppurating arthritis of one metacarpo-phalangeal joint, was seized with intense pain in the abdomen. It was thought that the pneumo-bacillus had become localized subdiaphragmatically, for examination both of the blood and of the pus from the suppurating joint seemed to point towards this. Yet a very careful examination of the abdominal cavity failed to reveal anything. Of course, the patient died five days after entering the hospital, and the necropsy demonstrated that there was no affection of the peritoneum at all, but that the pain was wholly due to a diaphragmatic pleurisy of the same side as the lung affected. There was, besides, a pneumococcic pericarditis which had not been recognized during life.—*La Semaine Médicale*, No. 49, 1902.

Frank H. Pritchard, M.D.

**DYSPEPTIC ASTHMA.**—Dr. Max Einhorn states that Hænoch first called attention to this variety of asthma, and in children. These cases presented quite alarming symptoms, as great dyspnœa, very rapid pulse, cyanosis and cold extremities. The stimulants usually given were wholly without effect, while the symptoms gradually disappeared after treatment had been directed to the digestive disturbances. Hænoch thought that the asthma was of reflex origin from irritation of the stomach, which brought about a spasm of the arterioles, with cold extremities, weak pulse, stagnation of blood in the venous system and the right side of the heart, cyanosis from accumulation of carbonic acid in the blood, and frequent dyspnœic respiration.

Similar cases have been described, and amongst them some of a more chronic course, by several writers, especially by Barrié. He points out that the symptoms may be of varying intensity. At times, or in certain cases,

there may be more or less disturbance of the heart's action, a decrease of the number of heart-beats, or a diminution of their strength and regularity. At other times the case may assume the character of true angina pectoris; and, again, the symptoms may be referred to the lungs and heart. The dyspnœa may be merely a slight oppression, but it may increase to become a suffocating attack of great danger. It usually comes on immediately after a meal, which may be heavy or light. In some patients even a bite of food may bring it on; so that, therefore, there is a dyspeptic asthma which is not due to overloading the stomach.

Einhorn during the past three years has observed thirty-one cases of dyspeptic asthma. All these cases presented nothing abnormal in their thoracic organs. He divides them into two great groups: cases where the asthma appeared periodically in an acute form, and cases where the disease pursued a more or less chronic course. In the former, one may often meet with asthma of the most acute variety; in the second the oppression usually comes on soon after meals. In both, the attack comes on without apparent cause or after slight exertion. A differential diagnosis between angina pectoris and dyspeptic asthma is often quite difficult, for Einhorn has had for a long time under observation a number of patients whom he thought to be suffering from dyspeptic angina, but who later presented the signs of an organic heart disease. The only way of making a diagnosis is by noting the results of treatment. In dyspeptic asthma one will often notice an improvement, and even a restoration to health, while in angina pectoris no effect will be noted. The disturbances of digestion which Einhorn has observed were of a mild variety, as a poor appetite, a feeling of being bloated, or of pressure and constipation. In a large number of cases, either achylia or hyperchlorhydria have been found. Treatment directed to these anomalies has resulted in relief of the dyspnœa. In both conditions the gastric mucous membrane is irritated,—in hyperchlorhydria by the irritating and sour gastric juice, and in the other by the coarse and undigested particles of food, so that the vagus terminations are irritated reflexly. If the gastric secretion is normal, an hyperæsthesia of the mucous membrane must be assumed. In five of his patients a movable liver was made out. He has formerly called attention to this condition giving rise to asthmatic attacks. The abnormal position of this organ causes it to draw on the diaphragm. As to treatment, that follows from what has been said. The disturbances of digestion should be corrected.—*Hospitalstidende*, No. 48, 1902.

Frank H. Pritchard, M.D.

**CARCINOMA OF THE RECTUM COMPLICATING CHILDBIRTH.**—Dr. Rossa, of Grätz, Austria, observed a woman of 31 who had borne four children, and who at the end of her pregnancy was seized with pains, yet parturition seemed unable to progress. An examination per rectum revealed a hard infiltration of that tube and a mass of fæces above it. This latter was evacuated and she bore her child spontaneously five hours later. The growth, which proved to be a carcinoma, was operated on according to Kraske, with favorable results. The writer has found sixteen such cases in the literature, but his is the only one where labor terminated without artificial aid. In the other, Cæsarian section, premature labor or removal of the neoplasm during pregnancy was called for. He insists on the importance of rectal examination



in those pregnant women who complain of local pains in the sacrum or buttocks and difficult defecation.—*Munchener Medicinische Wochenschrift*, No. 48, 1902.

Frank H. Pritchard, M.D.

**FÆCAL VOMITING IN HYSTERIA.**—Dr. L. E. Bregman has collected from the literature those cases of fæcal vomiting resembling ileus which developed from hysteria, and has added one of his own. His case was that of a servant girl, of 23 years, who presented decided symptoms of hysteria. When she entered the hospital she had had no passage, nor had flatus been passed for ten days. Her abdomen was greatly distended and sensitive. Palpation revealed nothing of consequence. This woman was about six months under observation, during which time she often suffered from fæcal vomiting, with the characteristic color and odor. The vomitus contained fæcal fragments varying in size from that of a pin's head to large lumps of fæcal matter. It would often be mixed with blood which would vary from clots to fresh and bright blood. Her general condition changed from time to time. At times she would improve so that she could be up and about, and help with the work. Then suddenly she would be so ill that she would impress one as seriously and even dangerously ill. These exacerbations would often follow a quarrel or after emotional excitement. Simulation was impossible, as she was too long under observation. She was discharged as cured, but she relapsed later. The writer regards this condition to be due to a local spastic contraction or a paralysis of the intestine. Yet one should not forget that antiperistaltic movements of the intestines might be possible. The results that Horweg, Treves and Briquet, have obtained with bismuth and starch preparations, injected per rectum, demonstrate that already, in twelve minutes after they have been introduced, they may be expelled by the mouth.—*Hospitalstidende*, No. 48, 1902.

Frank H. Pritchard, M.D.

**TWO CASES OF PHOSPHORUS POISONING.**—(A. De Maré.)—1st. A servant girl, six weeks pregnant. She had taken phosphorus internally from two bunches of matches, which failed to produce abortion, and four days later took the phosphorus from another bunch. During the following night the ovum was expelled. Soon afterward, symptoms of poisoning appeared, icterus, etc., and the patient died seven days after the first dose of poison.

2d. A servant girl. She had previously taken phosphorus to produce abortion, with successful results. In the second month of pregnancy she took the phosphorus from half a bunch of matches daily for eight days. Altogether, she had taken phosphorus from four bunches. The ovum was expelled in the night after the last dose. She did not become ill, and was able to perform her usual work.

In September, 1899, she became again pregnant, and in October took phosphorus from three bunches of matches without feeling any ill-effects, and also without producing abortion. A month later she took the same quantity of phosphorus again. Uterine hæmorrhage appeared about fourteen days later, and the patient then aborted. She began to vomit, had icterus, albuminuria and other symptoms of phosphorus poisoning. These symptoms, however, disappeared, and the patient left the hospital well, after about three weeks.—*Deutsche Zeitschrift für Chirurgie*, Bd. lxi., H. 3, 1902.

George R. Southwick, M.D.

THE INTERNAL TREATMENT OF CANCER BY LYSOL AND IODIN.—(Behla.)—The writer reports an advanced case of cancer of the cervix. Lysol was prescribed for a vaginal douche, but the patient took of her own will, 15 drops in milk daily. The general condition improved surprisingly, and the new growth shriveled up. A similar result was obtained in this manner in the beginning of cancer of the cervix.

In a third case of advanced cancer of the cervix, involving the bladder and with tuberculosis of the lungs, there was no improvement. The writer observed a very favorable effect of lysol in improving the general condition in a case of advanced cancer of the cardiac region, and in another case of cancer of the cervix. In the second case, a diminution of the growth was observed.

Behla recommends in the beginning, 10 drops 4 times daily, and in a weak person, 5 drops. After 4 weeks, 20 drops and finally 25 drops of lysol in a half cup of some cereal or milk. After 14 days, he used the following prescription intermittently:

R.—Iodin, . . . . .	0.25
Kali iodid, . . . . .	2.0
Distilled water, . . . . .	100.0

Sig.—One teaspoonful in water, 3 times daily.—*Ibid.*

George R. Southwick, M.D.

THE USE OF ICE FOLLOWING ABDOMINAL SECTION.—(Simpson.)—It seems possible to produce, at the seat of inflammation, a degree of temperature which greatly retards the growth of pathogenic bacteria, and which contracts the blood and lymph channels, thus relieving the congested vessels and checking the serous weeping into the cavity. These results may be accomplished without apparent detriment to life or tissues. Practically we may conclude (and there is abundant clinical evidence to support this view) that as peritonitis subsides its cardinal symptoms grow less evident and the resulting morbidity no longer increases. Pain, which is one of the most distressing symptoms, becomes less annoying. Ice should be used for its effect, just as calomel, salts, or other remedies are. One bag on top of a thick dressing of cotton and gauze is, of course, without value. For the relief of traumatic pain one or two ice bags over a thin dressing usually suffices. But where a frank attack of peritonitis is feared or actually exists four or five bags of ice should be kept in place day and night. They should be separated from the skin only by a towel, a binder, or a very thin gauze dressing.

*Contraindications.* Cold should never be used to the exclusion of other well-known medical and surgical principles and measures. Formerly I looked upon post-operative kidney lesions as contraindicating the free use of cold. But more recent experiences lead me to believe that if a serious peritonitis is feared we may use extreme cold to the abdomen, and that it will be far less harmful than the inflammation it prevents or checks. When grave post-operative peritonitis is likely to develop, or when it actually exists, I believe there is no contraindication to the free use of ice locally. But when merely a slight traumatic reaction exists, this measure had perhaps better be omitted in the presence of nephritis, of a tendency to catarrhal enteritis, attacks of which are precipitated by exposure to cold, and where rheumatic and bronchial attacks follow slight chilling. Not a few patients complain of greater pain soon after ice is applied. When the pain is due to a well-defined abscess

with very little peritonitis, and when it is of intestinal origin, hot applications probably serve a better purpose. But when the patients complain of pain caused by the weight of the ice, that symptom points to the existence of active inflammation and constitutes the most urgent indication for more intense cold. It has been our custom to add more ice in these cases, and the results have justified the practice.—*American Journal of Obstetrics*, Nov., 1902.

George R. Southwick, M.D.

A CASE OF SPONTANEOUS, COMPLETE RUPTURE OF THE UTERUS.—(Kleinert.)—The writer was called to a woman 39 years old. Pains began at 3 o'clock in the morning, and at half-past 3 the membranes ruptured. Immediately afterward, and before the midwife, examination, she had severe pain in the abdomen. Labor ceased, and assistance was sent for. There was nothing abnormal in her history. She had had eight normal labors, the first twelve years previously and the last three years previously, all of which were easy. Besides, the patient had aborted without special incident fifteen months previously. She had had leucorrhœa for fourteen years, but was otherwise well, and had never received uterine treatment.

The severe pain above mentioned followed immediately after the rupture of the membranes, and lasted but a short time. It was followed by a slight drawing pain, coming and going in the abdomen. At half-past 3 in the afternoon, the following conditions were observed: The abdominal walls were thin and somewhat tense, and the small parts of the child could be easily felt to the right and above the navel. The fetal heart-sounds could not be heard.

Internal examination showed slight hæmorrhage and a large vagina with the mucous membrane in folds. The cervix was undilated, and the cervical canal about 2 cm. long. A rupture could be felt with the finger on the anterior surface of the uterus, above the internal os, through which the child's head projected. No definite information was obtained as to the extent of the rupture. The patient was immediately transported to the hospital. Pulse and temperature were normal.

Laparotomy was performed at 7 o'clock in the evening, about fifteen hours after rupture. The abdominal walls were opened by an incision extending half-way above and below the navel. After opening the peritoneum, the child was found in the first position, entirely in the peritoneal cavity, and the placenta attached to the upper and anterior surface of the uterine cavity.

After removing the child, which was fully developed and normal, a laceration was found on the left side of the uterus, beginning at the median line and extending down to the internal os. At its lower end a second laceration was found, extending across the anterior surface of the uterus toward the right side. The anterior laceration appeared as if it had been cut with a knife. The left uterine artery was quite intact, and it appeared to have been torn out of the parametrium. The uterus was contracted, and there was but little blood in the peritoneal cavity.

The writer formed anterior and posterior flaps and removed the uterus above the cervix. The anterior part of the lacerated cervix was used to form part of the stump. It was a more difficult matter to take care of the adnexa of the left side on account of the degenerated tissue; but the pedicles were



finally covered, as well as the stump of the uterus. The adnexa on the right side were exceedingly adherent to the intestines, and only separated and removed with considerable difficulty. The stump of this side could not be covered with peritoneum. The stump of the cervix was drained by iodoform gauze into the vagina, and the peritoneal flaps closed it over above. The abdominal wall was closed in three layers. Celluloid-yarn ligatures were used. The patient made a good recovery.

The etiology of the case is obscure. The woman was sleeping until she was awakened by the pains. The membranes ruptured while her husband went for the midwife, and in about ten minutes after this she felt severe pain in the abdomen. Rupture of the uterus was the result. The rupture was not diagnosed until assistance was called. There was no abnormality of the pelvis. The child was of normal size. There had never been intra-uterine treatment, and it was impossible to determine whether uterine disease had previously existed. A portion of the uterus which was removed showed no microscopic changes, not even at the site of the rupture. The uterine tissue appeared normal. The muscle-fibres in some places were arranged in groups, and appeared as if they were pressed apart by homogeneous, thin, walled meshes of tissue. It should not be forgotten that the woman had had eleven pregnancies, and was in a wornout condition.—*Centralblatt für Gynäkologie*, No. 40, 1892.

George R. Southwick, M.D.

THE SUBCUTANEOUS INJECTION OF GELATIN FOR MELÆNA NEONATORUM.—(Holtzschmitz.)—Five cases of melæna were observed in 1901, and were treated in the same manner. A 2 per cent. solution of gelatin was used for injection, about 15 ccm. for a dose, and injected into two parts of the body. In three cases the hæmorrhage ceased immediately after the first injection. In one case it had to be repeated, and in the remaining cases the dose was repeated three times. In all cases the hæmorrhage was arrested and the children were dismissed cured of the melæna. No other means were used in any case.

The injections were all well borne; no disagreeable symptoms were observed. In many cases, a single injection of 15 ccm. is sufficient, but in severe cases it may be repeated several times in the same day, if necessary to arrest the hæmorrhage.—*Muenchener Med. Wochenschrift*, No. 1, 1902.

George R. Southwick, M.D.

THE TREATMENT OF ECLAMPSIA.—(Hermann.)—After a careful review of German and French literature, the author expresses the opinion that rapid emptying of the uterus does not always cause convulsions to disappear. He concludes that the best operators obtain only 1 or 2 per cent. better mortality rates in forced delivery, as compared with the mortality of natural labor, and believes these conditions would be reversed if these operations were performed in general practice.

The writer recommends, therefore, instead of operative measures, lukewarm baths of long duration (25 minutes of 27° C.), especially if the temperature and the pulse are not normal.—*Centralblatt für Gynäkologie*, No. 44, 1892.

George R. Southwick, M.D.

## MONTHLY RETROSPECT

### OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

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CONDUCTED BY O. S. HAINES, M.D.,

with the collaboration in German literature of C. Sigmund Raue, M.D.,  
and in French literature of Charles Platt, M.D.

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**APPENDICITIS.**—At the meeting of the Société Française d'Homœopathie, Oct. 8, 1902, Dr. Simon presented for discussion the following conclusions: "Formerly considering appendicitis in its inception as a simple inflammation, I held that with our arsenal of medicaments we were sufficiently armed to combat it; but experience forces the admission that surgical intervention is often necessary, and that in relapses the advice of the surgeon should be sought, first, that the patient may be saved, if possible; and, second, that the responsibility may be shared."

Dr. Jousset (Père). All physicians will agree that when the acute symptoms are passed if there have been recurrences and induration exists, the interval operation (*l'opération à froid*) is indicated. Formerly, following Dieulafoy, all cases were operated, and the fearful mortality during the inflammatory stage has demonstrated the necessity of waiting. In the foudroyant form presenting the sad picture of inflammation, abscess, and gangrene, followed by general peritonitis, the problem of surgical intervention again presents, for the patient is already destined to a certain death. If an abscess forms it may be opened, or if it be encysted it may likewise be permitted to wait. If the general condition is grave with high temperature and hippocratic facies, what is to be done? The single chance may be the operation, but there is room for doubt. Favorite remedies are bryonia and belladonna, the latter in the first decimal, particularly if there be constipation. Warm, moist, protected local applications are advised.

Dr. Simon uses dioscorea, belladonna, colocynth, china, lycopodium, and soluble mercury, the latter being useful in visceral inflammations, which threaten suffocation. Plumbum is given for the constipation. Ice applications are regarded as harmful through a lowering of the vitality and a predisposition to gangrene.

Dr. Jousset (Père) doubts the value of soluble mercury in the condition named, and Dr. Marc Jousset agrees with his father in the value of belladonna and bryonia, asserting that these are generally the only remedies required in acute attacks. Constipation is regarded as a conservative measure, and in extreme cases, where peritonitis seems imminent, he gives in addition to the belladonna and bryonia, opium in doses of 0.01 gramme of the extract. Warm water applications to the iliac fossa are recommended. Regarding the

interval operation, it is held that this should be resorted to only after there have been two or three attacks, since it is quite possible that a first attack may never be repeated.

Dr. Cartier urges a vegetarian diet, and particularly an avoidance of beef and mutton, for those subject to recurrent attacks, quoting, in support of his own experience, an unnamed American writer and also Lucas-Championnière of the Academy of Medicine. *Revue Homœopathique Française*, Nov., 1902.

**THE USE OF SULPHO-CARBOLATE OF SODIUM IN TONSILLITIS.**—At the last meeting of the Chicago Clinical Society Dr. George Martin McBean discussed the use of this new "old" remedy as an adjuvant to the usual prescriptions for tonsillitis and quinsy. He showed, by clinical cases, that it had the power of shortening the attack and of materially lightening the symptoms. He has found it best to administer *ten-grain* doses of the remedy every two hours. The cases that improved most rapidly were those that had received this dose. The author has not yet abandoned his usual remedies, but proposes to do so shortly. He thinks the sulpho-carbolate should be administered in alternation with the remedy indicated by the peculiar symptoms. This is curious therapeutics, not very accurate homœopathy; but, seemingly, an effective method of dealing with troublesome quinsy. It would be an excellent plan for us to resort quite early to puncture of the affected tonsil when the case is one of suppurative quinsy. Relief is immediate. Another remedy that is sometimes overlooked as a preventive of suppuration is the guaiacum. Administered in a lozenge of currant paste, it is without doubt capable of aborting a phlegmonous quinsy in many instances.—*The Clinique*, January 15th.

**TREATMENT OF NEURITIS.**—The frequency of the occurrence of this disease, either as a simple neuritis affecting one nerve or a group of nerves, or as a multiple neuritis, makes the paper of Dr. William Morris Butler, in *N. A. Journal* for January, very interesting reading. We have been much pleased with the effect of hypericum in simple neuritis of traumatic origin, and ferrum metallicum has cured a number of cases in which it was not so easy to ascribe a cause. The ferrum cases all complained of severe pain in the nerves about the shoulder and upper arm, and were cured by the 30th potency. We have also met with a number of instances of the disease that refused to yield to any remedy save kali iodide. Dr. Butler speaks of the following medicines as particularly useful:

*Bellis perennis*.—This is, perhaps, more often curative than any other remedy, great soreness of the nerves, with intense pain, being the indication for it. Cases that suggest arnica, where that remedy seems to be less effective than usual, frequently yield to the bellis.

*Actea racemosa*.—More often indicated in *alcoholic* cases than any other drug. Severe *aching* in arms and legs; numbness, as if the nerves were being pressed upon; excessive muscular soreness; sleeplessness, or sleep disturbed by unpleasant dreams.

*Arnica* and *Hypericum*.—Especially suited to the *traumatic* cases. Intense soreness characterizes the arnica case. Hypericum is suited to the cases in which there has been laceration of nerves, and where the patient suffers



sharp, cutting pains along the course of the nerve, terminating in a twisting, wrenching sensation in the foot.

*Arsenicum* is related to the severe forms of *multiple neuritis*. Burning, tearing pains are present in the arsenicum case; pains that shoot from the fingers up the arms to the shoulders; swelling of hands or feet. There is an aggravation at night, and the pains are relieved by warmth.

*Belladonna*.—We may prescribe this remedy with confidence when the pains are intense, almost unbearable, paroxysmal in character. Great sensitiveness of the affected parts to touch, or even to the weight of clothing, is present in the bell. case. The pains produce sleeplessness, and may be helped by warmth.

*Aconite* is a very efficacious remedy in our experience, especially in the more acute stages, and where the disease has been occasioned by exposure to cold. Numbness, coldness and formication accompany the sharp, shooting, tearing pains in limbs and about joints. The aggravation is at night, especially from midnight until 3 A.M. The aconite patient moans and groans, and bears the pain badly.

The author refers to other remedies, which may be consulted in individual cases, presenting symptoms of an unusual character.

THE RIGHT SORT OF AMALGAMATION.—The *N. A. Journal*, referring to the matter of unity in the medical profession, remarks that before we think of an amalgamation of all the schools we should strive to bring about some sort of harmony in the individual schools of medicine. This hits the homœopathic school very hard. Our school of medicine is sadly lacking in that quality which might be termed "cohesiveness." The fault lies with the individual members of our school. It may be selfish self-interest, it may be indifference, it may be foolish prejudice, it may be something else; but, whatever it is that keeps the individual member from joining the local society, the State society and the American Institute, it is wrong, and it hurts the cause. The idea of there being sects in the homœopathic school is preposterous. We should cease fooling and get together. The Institute should hold in its membership every decent practitioner in this United States who believes in the efficacy of drugs administered according to the homœopathic law of drug selection. Less foolish, useless talk, and more earnest, hearty co-operation is what our school needs just at the present time.

GOAT'S MILK AS AN INFANT FOOD.—Goat's milk solves the problem of infant feeding, for us, in many cases. Feeble infants, who do badly upon artificial foods, and upon cow's milk modified in the usual way, frequently grow lusty when they are placed upon diluted goat's milk. This is not new, but it has seemingly been often forgotten. When an infant is deprived of its natural food, mother's milk, the best substitute is doubtless the milk of a healthy wet-nurse. Next in order of usefulness comes the milk of the goat. Modified cow's milk is then entitled to our consideration. Last of all upon the list comes the artificial baby foods prepared in the laboratories. Infants raised upon goat's milk grow fat, but, best of all, they grow strong and lusty, and are not subject to the many gastro-intestinal disorders that are so often met with in those infants who are fed upon artificially-prepared foods. Per-

haps there is a fortune awaiting the enterprising American who will start a dairy supplying goat's milk for infants.

**THE EVOLUTION OF THERAPEUTICS.**—It is to be hoped that every homœopath will read the articles upon this subject that have been published in *The Monthly Homœopathic Review*, London, recently. Dr. P. Jousset has published them originally in *l'Art Medical*. The author speaks of ipecacuanha, for example, as our principal remedial agent in broncho-pneumonia. It is therefore quite interesting to follow him in his experiments with this drug, conducted in his laboratory upon guinea-pigs. He used the sulphate of emetine. Both lungs were found to be the seats of foci of hepatization in those animals poisoned by this drug—the hepatized portions of the lungs being black, compact, and sinking when placed in water. The results of histological examinations revealed enormous congestion of vessels. In certain spots, the acini were filled with broken-up red globules. In the bronchial tubes, an accumulation of mucus, but no desquamation of epithelial cells. The cells of the acini had desquamated. Culture experiments showed absence of microbes in the lesions. The effects of emetine then, upon bronchi and pulmonary tissue, have an inflammatory character and are localized as in broncho-pneumonia. In some experiments with tartar-emetic upon rabbits, it was found that the drug slows respiration, diminishes temperature, and finally causes death by collapse. But, more striking were the effects of this drug upon the stomach. It produced, not far from the pylorus, an elliptical ulcer reaching the serous coat, and being surrounded by a dark ridge of mucous membrane. As the drug had been administered hypodermatically, special notice should be taken of the fact that it will produce an ulceration of the stomach, having the greatest similarity to the lesions of round ulcer.

**ECHINACEA.**—To those who are using this remedy, the remarks of Dr. H. D. Quigg may be of some interest. It seems that this observer has used the drug in many cases and for many diseases. In short, he has given it a very thorough clinical test and he has come to the conclusion that "the drug, administered internally, is absolutely inert." He has never seen a single case in which he could say that the remedy was of any particular value, save in some forms of sore throat. It is probable that we shall have many reports of this character, until the time arrives that the drug has been accurately proven. It is folly to experiment with such novel and little understood medicaments, when we are the possessors of so many other drugs that have been exhaustively studied.—*American Med. Journal*.

**SHALL WE JOIN THE DIZZY THROG?**—The eclectics do not relish the idea of an amalgamation of the different schools of medicine. They have, after much tribulation and labor, arrived at a definite therapeutic system, and they do not care to return to the chaos of the dominant school. *The Weekly Medical Gazette*, of Vienna, speaks thus cheerfully of the state of therapeutics in the ancient school: "Building goes on briskly at the Therapeutic Tower of Babel; what one recommends, another condemns; what one gives in large doses, another dares to prescribe only in small doses; what one vaunts as a novelty, another thinks not worthy of rescue from a merited oblivion. All is confusion, contradiction, inconceivable chaos. Every country, every place,



almost every doctor, have their own pet remedies. This changes every year, almost every month." In the face of such admissions and confessions, we do not wonder that the eclectic school feels shy in regard to linking its medical destiny to a school that sends up such a dismal wail, every once in a while. The *American Med. Journal*, for January, has an article upon this subject from the pen of G. Helbring, M.D., of Texas, who sees in the dogmatic spirit that has pervaded the old school of medicine, for centuries, a stumbling-block to all future progress.

**TEREBINTHINA IN SCARLATINA.**—Dr. Tobeitz (*Archiv. fur Kinderheilkunde*) enlightens his brethren on the great truth that *oleum terebinthina rectificatum*, which he administers in milk, is an excellent remedy in scarlatina. He believes "that it has a directly beneficial effect in cases where nephritis or albuminuria exists." Almost every day we encounter original observations of this kind in the old-school journals. Cantharis for nephritis; cyanide of mercury for diphtheria; rhus tox. for rheumatism; podophyllum for diarrhoea, and so forth. The old school will soon catch up, and if we are not careful they will revise our *materia medica* for us.

**POISONING BY CYPRIPEDIUM SPECTABILE.**—We presume the variety of lady's slipper referred to in the article by Dr. R. K. Paine in *Medical Magazine* is the pink and white cypripedium that is cultivated in our gardens. The cypripedium pubescens, of which we have an incomplete pathogenesis, is the yellow variety, growing, for the most part, wild. There must be much in common in the effects of these varieties. In this article there appear some symptoms which are very suggestive of the possible value of the spectabile as an antidote for the poisonous effects of rhus. In the summer of 1889, Mr. Eggleston, of Rutland, collected an armful of the flowers from a swamp near his residence. He held the flowers to his face to inhale their fragrance. A week later, his entire face was badly swollen, his features being distorted so that he could hardly see. The attack lasted two weeks. The gentleman repeated this experiment, with similar effects; but he was inclined to think that the dermatitis had been due to poison ivy, which also grew in the swamp. Mr. Ezra Brainerd, of Middlebury College, had several similar experiences, in which there was no possibility that the skin symptoms could have been due to ivy poisoning. A certain lady, whose name is not given, but who appears to have been a direct descendant of Mother Eve, determined to test the cypripedium in such a manner as to preclude the possibility of its effects being mistaken for those of any other plant. She rubbed the leaves and stalks on her wrist, forearm, and upon the back of the hand. The effects were as follows: First day—slight reddening and itching of the parts. Second day—swelling in blotches; these quite red; burning sensation in the blotches; no fever. Third day—right hand and arm swollen, blotches dark red; great burning and itching; headache across the temples; blotches appeared also upon the opposite arm and hand, and also upon the face and chest, under arms. Vesication appeared in some of the blotches, followed, on ninth day, by desquamation. The experiments of this lady have given us valuable information regarding the pathogenic effects of this plant in the skin sphere; and it is hoped that she may be persuaded to continue her investigations for the benefit of science.



**CIMICIFUGA AND CAULOPHYLLUM.**—Dr. Kraft has found that cimicifuga tincture, in doses of from 10 to 30 drops, after meals, is an excellent remedy in seminal emissions. He uses the same remedy, with much success, in lumbago. In the troublesome lumbago of the parturient woman as well as lumbago in the male. He thinks much of its value in rheumatism occurring in women. Cramping pains in groins, back and limbs, with the pall-like depression and general soreness. He prefers caulophyllum when muscular pains and soreness are the results of physical overexertion. And when there are rheumatic pains in the wrists and fingers, the ankles and toes, so that the patient can hardly hold a cup or a pen, or stand without turning the ankles. One other empirical use of the caulophyllum, which seems very useful, is the local use of a low dilution mixed with warm water and applied upon a swab to the aphthous patches in *thrush*. He administers the remedy internally, in the 12th or 30th, while using the low dilution locally. In threatened miscarriage, the author prefers to give caulophyllum in medium dilution, claiming that it is very effective.—*Hahnemannian Advocate*.

**NUX VOMICA IN URINARY DIFFICULTIES.**—Dr. W. H. Yeager says: "A woman presented these symptoms: For about four weeks the passage of urine had been slightly painful, causing a creeping sensation over the body; frequent urging to urinate, but very little passed at a time. Examination of urine showed a very slight white sediment, which, under the microscope, proved to be pus, otherwise normal urine. The whole condition cleared up in two days after the administration of nux vom.  $\theta$  on pills, 5 every two hours.

"Another woman, who was afraid of typhoid germs in our Schuylkill water, had drank freely of a certain distilled water for several months. She complained of frequent urination, associated with a slight burning pain. Examination showed a whitish sediment floating about the bottom of the bottle, and the microscope revealed a large quantity of epithelium (round, caudate and the large flat cells). Urine otherwise normal. She was advised to stop the use of distilled water, and given nux vom. 3x on pills every two hours, after which her symptoms promptly disappeared.

"Who can tell what suffering these women have been saved by close attention to slight pains and apparently trifling deviations in the urinary conditions, and by remembering our old friend nux vomica. The more popular medicines, like cantharides, have frequently failed to do as well."

**ACUTE LARYNGITIS IN CHILDREN.**—Dr. C. S. Raue said recently, in discussing croup: "In the first place, there are several kinds of laryngitis as the disease is encountered in children, varying in intensity and gravity from a mere catarrhal state of the mucous membrane—the so-called catarrhal spasm—to the dreaded pseudomembranous croup. An intermediate condition—acute catarrhal laryngitis—is not rare, and offers difficulties in the way of diagnosis in many cases. The symptoms often so closely resemble those of pseudomembranous laryngitis that a differential diagnosis outside of a bacteriological examination becomes impossible. Death from suffocation has occurred in such cases, and yet at the autopsy the larynx was found free from membrane.

"The writer has recently encountered several such cases, and was pleased with the results obtained by a rather ready-made, though very practical mode

of treatment. Symptomatic prescribing had not yielded brilliant results, and the routine method of Bœnninghausen seemed tedious and not to the point. He recalled the treatment for croup recommended by Dr. J. N. Mitchell, quoted by the old-school writers, Taylor and Wells. This consists of taking one part tr. aconite and two parts tr. spongia, and of this mixture using one-half to two drops every half hour in water, according to the age of the child and the severity of symptoms. When the cough loosens and the cough becomes spasmodic and barks, one grain of the first decimal trit. of hepar sulph. is dissolved in four to six teaspoonfuls of water, a teaspoonful about every half hour. This treatment was employed, and, we must say, with good results."

**THE ACTION OF PHOSPHORUS UPON THE BLOOD.**—Dr. Mossa (*Allgemeine Homœopathische Zeitung*, Nov., 1902) writes an interesting study of phosphorus, and refers to Hahnemann's observation, "small wounds bleed freely." This is a most valuable keynote to phosphorus, and it is a symptom that can frequently be used as the basis for a successful prescription. The origin of this symptom is as follows: One of the provers, while taking the remedy, cut his finger, and noticed that the bleeding continued an unusually long time. He related the fact to Hahnemann, who prescribed phosphorus accordingly for a woman who mentioned this symptom among others. He states that she was cured of her ailment.

Dr. Mossa recites several cases cured with phosphorus in which the chief indication was this hæmorrhagic condition. One case was that of a woman at the climacteric who complained of a hard swelling in the left breast. There were sharp, lancinating pains, and at times a drop of blood would ooze from the nipple. Phosphorus 30th was administered, and a cure promptly followed.

**HOMŒOPATHIA INVOLUNTARIA.**—Every now and then, says Dr. Pfeiderer (*Allgemeine Homœopathische Zeitung*), we encounter "discoveries" in therapeutics by the old school. A recent one is "urticol," a preparation made from *urtica urens*, which is recommended for urticaria. Indeed, one of the reporters warns against using it too freely, as he has seen medicinal aggravation therefrom. Lately, a preparation of *arnica* has been recommended as an application to carbuncles. To the homœopath, these discoveries are ancient history.

**A DISSERTATION UPON THE ACTION OF CACTUS GRANDIFLORUS.**—At the present time *cactus grandiflorus* is unknown to the old school. Dr. Gaston Renoult has, however, conducted valuable experiments therewith that should call its attention to the drug. He made a proving with a watery extract, and confirms the symptom "sense of constriction in the heart region." He reports a case of nervous palpitation cured with 10 drops of the extract. Much benefit was obtained in a case of endocarditis with arrhythmia due to mitral stenosis. Also, in a case of aortic insufficiency, the arrhythmia was controlled and diuresis induced; 25 to 30 drops daily.

Dr. Stumpel used the remedy in a case of asthma, one of dilatation of the heart and one of palpitation in which this symptom was present, with excellent result.—*Allgemeine Homœopathische Zeitung*, Dec., 1902.

**SYZYGIIUM JAMBOLANUM IN DIABETES.**—Dr. G. Seiffert reviews the published experience with *syzygium* (jambul) in diabetes, and tells of his per-

sonal use of the same. Allopathically, in the tropical home of the plant, the fruit and bark are used as astringents in dysentery, in blenorragia, and in leucorrhœa, and there are also reported numerous cases of diabetes, in many the sugar disappearing rapidly even with a starchy diet. The dose given, 30 centigrammes of the pulverized fruit, repeated three times a day, has been found probably more useful than the tincture prepared from the same powder, while the best results of all have been obtained with the water-glycerin infusion recommended in Puhlmann's Manual.

Dr. Sieffert reports his own experience as follows: "In my practice I had tried this treatment, but, I must acknowledge, with such indifferent success that I was on the point of abandoning syzygium. In the meantime I was myself affected with diabetes, with excessive thirst, great dryness of the mouth, absolute repugnance for tobacco smoke, and with 20 grammes of sugar per litre of urine. The daily quantity of urine was as usual, that is to say, about 1400 grammes." The water-glycerin infusion mentioned above was taken, 4 "coffeespoonfuls" in the 24 hours, without other change in diet than a cutting down of alcohol, sugar and starch. "After eight days the sugar had fallen from 20 grammes to 8, and eight days later again not a trace of sugar was left. The great thirst and dryness of the mouth had disappeared, and smoking was again a pleasure." For one year there was no return of the condition, though no care was observed as regards diet. At the end of a year, however, all symptoms suddenly re-appeared, and with great violence, only again to be completely removed by the same remedy, taken this time for but a single week.

Dr. Seiffert reports, further, a favorable action in the case of a woman 70 years of age, with great thirst, great weakness, and with numerous ulcers upon the limbs. The urine in this case contained 35 grammes of sugar per litre. After having used, without success, uranium nitricum, phloridzinum, aqua creseotata, etc., syzygium was tried. In fifteen days the ulcers had disappeared, the sugar was reduced to 5 centigrammes, and all symptoms had abated. In this case, however, it was found necessary to continue the treatment, its cessation being followed by an increase in the amount of sugar.—*Revue Homœopathique Française*, xiv., No. 12.

**BAPTISIA TINCTORA.**—A. J. Clark, M.D., of Loveland, Colo., in speaking of the great value of this remedy in all conditions characterized especially by great fetor and prostration, mentions an epidemic of measles, which he classifies as "black measles." Nine cases of this form of eruptive disease were treated successfully with baptisia. A peculiarity of all these cases seems to have been the breathing. Rapid, panting breathing, almost impossible to count, for some minutes. Then a period during which the child did not seem to breathe. Then the rapid respirations would recommence. The symptoms which particularly called attention to baptisia were probably the fetor of the breath, and the fact that the skin about the mouth and nose of each little patient seemed to be black, as from contact with the offensive breath. This form of epidemic measles is doubtless very fatal. We believe that baptisia was of great value, and probably saved life. The same remedy has been used, under the same circumstances of fetor and prostration, in scarlet fever and diphtheria, and also in other infectious maladies. It seems effective when administered in the tincture. Dr. Clark's article was read before the Colorado Society.—*Critique-Recorder*.



# THE HAHNEMANNIAN MONTHLY.

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MARCH, 1903.

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## THE HOMŒOPATHIC TREATMENT OF OVARIAN DISEASES.

BY B. FRANK BETTS, M.D., PHILADELPHIA, PA.

(Read before the Philadelphia County Homœopathic Medical Society, January 8, 1903.)

IN the invitation to prepare a paper for presentation to this Society, the request was made that I should choose the following topic for discussion, viz.: "The Homœopathic Treatment of Ovarian Diseases that Do Not Require Surgical Interference."

IN the consideration of this subject, I will briefly outline the class of diseases of the ovaries in which homœopathic medical treatment seems to be appropriate, in contra-distinction to the affections requiring surgical treatment, and would preface my remarks by the statement that it seems desirable to classify the cases in this manner as soon as possible, in order that the time and resources of our patients may not be wasted, nor medical treatment be brought into disrepute, by hopeless efforts to apply it to conditions which have developed to such an extent as to place them beyond the scope of its influence. On the other hand, a definite and accurate diagnosis will often enable us to avoid mutilations by surgical means in cases that are amenable to medical treatment.

When it has been conclusively demonstrated, *after an accurate diagnosis*, that certain affections have been cured by medical treatment, we have established a principle which makes it possible to cure all such cases in a similar manner, under similar

conditions; but without a well-established possibility of this character, no one is justified in pursuing a line of treatment that differs from a well-known method that has maintained a good record.

It is worse than useless to denounce the surgeon for reckless haste in the use of the knife, if we have no proof to offer respecting the efficacy of other methods of cure. A definite diagnosis of the pelvic condition of women is the first essential in treatment, and I am still firmly of the opinion that it will be a great misfortune to medical science and to humanity if gynecology should not be maintained as a separate and distinct department, for our methods of diagnosis are peculiar, and a special education of the sense of touch is essential, and requires long-continued practice and constant application to make it efficient for this purpose.

All authorities agree that the symptoms complained of by persons who suffer from ovarian disease are of no diagnostic significance. Considering the low degree of sensibility sometimes possessed by these organs, even when undergoing great structural changes, it does not surprise us to find profound alterations in structure and size, without the development of pain or any accompanying symptoms other than those due to a mechanical implication of neighboring organs. Even in severe pelvic inflammatory conditions it is not until the peritoneal covering of the tubes, uterus, or the pelvic peritoneum in general becomes affected, that pain is complained of. Local symptoms are therefore not reliable guides in diagnosis. Pain located in one or the other inguinal region, or rather deeper and above this region, is often assigned to the ovary, but in a great number of instances, as has been pointed out by Barnes, Bennet and others, long ago, it is the signal of subacute or chronic inflammation of the cervical portion of the uterus dependent upon a laceration or displacement, just as many other nervous phenomena are often associated with an erosion of the cervix or displacement of the uterus. In those cases in which there is an irritating cause located at a distance from the ovary, it is *our* business to determine its origin.

Oöphoralgia is a term without significance, more than pain in the ovary, and does not give us any conception of the origin or nature of the disease causing it. The muscular walls of the

abdomen may be so sensitive at the ovarian regions that these parts cannot be touched, even by the clothing, without causing pain, and this may be due to a *general hyperæsthesia* of the nervous system, as well as to pathological changes which lead to an instinctive effort to protect the deeper structures from injury.

The symptoms belonging to disorders in the *functional* action of the ovaries in menstruation are important, but they likewise are not diagnostic. All such phenomena, including mental states and conditions, as well as disorders of digestion and hæmatogenesis from which anæmia, hysteria or neurasthenia develop, are to be considered as manifestations of a general diseased condition affecting more or less profoundly the whole organism. It is a well-known fact that nervous or neurotic women suffer from pelvic pain far in excess of that to be accounted for by slight pathological processes found after the most painstaking examination of these structures. We are all aware that severe pelvic symptoms in young women, especially, do not mean serious organic disease, and we do not subject them to local examinations and treatment until reasonable efforts have been made to relieve them by other methods. An important exception to this rule should be made, however, when pelvic pain develops after a fall or injury to a young unmarried woman, for, under such circumstances, serious structural changes may be developed in consequence of a displacement of organs which can only be prevented by an early replacement under ether narcosis.

It would lead us far beyond the scope of this paper to enter into a discussion of the question whether a neurotic condition, existing for a length of time, will not originate organic lesions or disturbances in physiological phenomena at least, in organs toward which the mind is directed. But it is nevertheless a question for careful consideration upon the part of every conscientious gynæcologist, and should lead to a careful treatment of mental conditions.

We all recognize the fact that long-continued hyperæmia of the sexual organs paves the way for the development of inflammatory conditions, from either trauma or microbic invasion. This hyperæmia may originate from emotional (mental) influences or be induced by local conditions such as lacerations,



displacements, arrest of involution, abortion, etc., or it may be purely physiological at the menstrual periods. Under such circumstances an infection is much more likely to lead to inflammation than is the case when the organs are in a normal condition. This infection often spreads from the cavity of the uterus to the tubes, and from thence to the ovaries, and perhaps to the pelvic peritoneum. Such is the course pursued by gonorrhœal infection especially. Respecting the treatment of gonorrhœal infection in women, I want to enter a plea for more aggressive methods than is customary. The disease is so serious in its consequences that it demands strenuous methods of treatment early and persistently. We must secure good drainage from the uterine cavity by replacing the uterus if necessary. We must dilate the cervix, curette and wash out the uterine cavity, direct our patients to avoid over-exertion, over-heating, and cohabitation.

Pulsatilla is an efficient remedy for many of these cases in which the acute symptoms have disappeared, or been controlled by aconite or cantharides, and we find hyperæmia of the vulva and the vaginal mucous membrane, and also of the uterus. Endometric inflammation with a sense of fulness and tenderness in the hypogastric region, and tenderness and pain in the tubes and ovaries. There is a stone-like heaviness complained of in the region of the uterus. The bladder symptoms may still be in evidence when pulsatilla is indicated, and the menses may be either profuse after such a gonorrhœal infection, or scanty and more painful than usual. It is one of the most efficient remedies to control that hyperæmia of the tissue which favors microbial invasion into deep-seated structures. Guaiacum is indicated when the bladder and ovaries are much affected. Either may be required for subsequent arthritic attacks. Cases of gonorrhœal infection that have not been subjected to active treatment early enough, may develop symptoms which call for *actea racemosa*, if the whole uterine parenchyma is sensitive, swollen and softened, and the tubes and ovaries are likewise affected: or *belladonna* under similar circumstances if there is severe backache, throbbing pain in the pelvis made worse from bending over, or *bryonia* when the peritoneal membrane becomes seriously involved, or *sepia* if only the mucous membranes are implicated. But neglected cases go on to surgical conditions in many instances.

The class of affections to which homœopathic treatment is most appropriately applied is characterized by hyperæmia and inflammation of all the pelvic organs (for one is seldom affected without the others being involved). We may have ovarian hæmatoma in one or both ovaries, causing considerable pain, sense of weight and dragging, with perhaps prolapsus of the ovary, from its blood-clogged condition, for which bell. or bry. may be indicated. Likewise, we may have a varicose condition of the veins of the broad ligament with nearly the same train of symptoms, which may possibly yield to medical treatment if the influences that cause it are remedied. As a result of an acute attack of inflammation, the ovary and its duct, the Fallopian tube, are very likely to be bound to each other in abnormal positions by the agglutination of the opposing surfaces, so as to make it impossible for a cure of the pelvic condition to be effected without an operation. Bryonia will only relieve these cases temporarily.

As a result of the hyperæmic condition in the ovaries we may have cysts form from a dropsical accumulation within the follicles or otherwise, and thus a pronounced ovarian tumor may be developed.

From an investigation made and reported to the American Institute of Homœopathy several years ago, it seems probable that our system of treatment prevents these growths from assuming large proportions, inasmuch as none of our oldest practitioners could recall instances in which persons habitually accustomed to homœopathic treatment from infancy have been known to suffer from tumors of large size. After these tumors have once developed, however, nothing but surgical treatment cures them. Cases reported as having been cured were, perhaps, cases of inter-peritoneal dropsy, or cases of broad ligament cysts which may have ruptured and disappeared entirely after an absorption of the clear serous fluid they contained.

Hyperæmia of the ovaries also favors the development of tubo-ovarian tuberculosis. One ovary is seldom the seat of isolated primary tuberculosis, however, without other structures being implicated. Ovarian tuberculosis develops in consequence of intestinal, peritoneal, tubal or uterine tuberculosis. Wolff has demonstrated the fact that both ovaries are usually

affected. This fact aids us in our diagnosis. My own experience points to the conclusion that it develops in young women between eighteen and twenty-five years of age quite as frequently as in older women. In the earliest stages, tubo-ovarian tuberculosis cannot be definitely diagnosed in the absence of microscopic proof. Much good can, however, be effected by the alleviation of the hyperæmic condition that favors the development of the disease by such remedies as bell., gelsem., sepia, pulsatilla, actea rac. and lillium tig., with perhaps a change of residence, which implies also a change in habits of life and thought. The employment of actinic sunlight rays, concentrated upon the seat of a tubercular infection, has been attended with good results, according to some reports.

We are often in doubt, however, respecting the nature of this affection until, in its more advanced stage, the tubes become very much thickened or adhere to the neighboring structures, when an operation is imperatively demanded for the removal of the enlarged and painful organs.

We always do the best for our patients when we are treating a disease in its incipient stage, even before a diagnosis can be reached, by prescribing from symptomatic indications. It is too late to seek for guides to homœopathic treatment from an examination of pathological products. As soon wait for a critical analysis of the characteristic features of the ashes from a conflagration before deciding upon the means to put the fire out.

In the advice to apply homœopathic treatment to all acute inflammatory or painful conditions of the pelvic organs we should make at least one exception, and that is in cases of extra-uterine pregnancy. From the danger of a rupture of the foetal sac and the consequent fatal hæmorrhage, these cases are surgical from the time they are first reliably diagnosed.

We should also unhesitatingly assign cases with large purulent collections in the pelvis to the surgical side for treatment; yet physicians are constantly ignoring this rule, either from willful intention or because of a lack of diagnostic skill.

Two cases that have been treated recently should be cited in this connection as the best means of illustrating this portion of my subject. Over two years ago I was called to see a case that had been skillfully treated by her physician until his



efforts proved futile. We agreed that surgical interference for the removal of the tubo-ovarian abscesses was the only course to pursue, if curative results were to be attained. The patient decided to apply to a physician of another school of practice for treatment, and was encouraged to believe that surgical interference would be harsh, cruel, and entirely uncalled for. Yet after two years of persistent effort she was worse than before, and placed herself under the care of Dr. J. M. Caley, through whose courtesy I was called to see her for the second time. We both advised her to submit to the operation, to which she now readily consented. The condition was much worse than before. Intestinal, parietal, omental, uterine and vesicle adhesions had become very firm, and great care was needed in order to avoid serious injury to these organs. All who were present at this operation realized the difficulties encountered in the management of the case; but a weak, bed-ridden woman, saturated with the purulent accumulations within the pelvis, with kidneys and other emunctories overburdened, appetite and digestion seriously impaired, surprised us by making a very good recovery. She would have been saved not only much suffering and months of time, but much additional risk from the operation itself, if she had submitted to surgical treatment earlier.

Another case came from Altoona in August, and was found to be suffering from a tubo-ovarian abscess on the right side. This large tubo-ovarian mass filled the posterior pelvic quadrant, and extended to the head of the colon. Upon the left side there was no such accumulation of pus at that time, but the ovary and tube were inflamed and adherent to the rectum, which was in turn discharging a quantity of mucus with stool, the latter tape-like and voided with pain. The pulse was weak, but otherwise the conditions were favorable for an operation, which was urgently advised. Upon returning home her physician counseled against operative treatment, to which she was only too willing to acquiesce. Time went on with constant increase of suffering until November, when she was admitted to the hospital, soon after the other case had been operated. She was now in a bad condition, with a temperature of  $102^{\circ}$ , tympanitic distention of the abdomen, bowels very much obstructed from a tubo-ovarian abscess on the *left* side as well

as on the right: there was vomiting and severe pain. Her condition was serious, and I refused to operate until some improvement could be secured. Bell. 30th was prescribed, for the face was flushed, the feet cold, the pains in the abdomen became worse toward night: they were quick and sharp, causing the patient to cry out, and would suddenly subside. After the lapse of five days this remedy was discontinued, as the patient seemed very much improved. Two days afterward, symptoms calling for *arsenicum album* were present. There was restlessness, apprehensiveness, burning pain in the abdomen, thirst, urgent but easily satisfied with small quantities of water, which disagreed and caused increased pain and distress in the stomach. Stools dark brown, watery, and very offensive. Urination involuntary. Abdominal pains worse after eating, and worse before stool. Patient rested badly, especially after midnight. With these two remedies carefully selected, rest appropriate diet and good nursing, the patient responded nicely and was soon in a condition for operative treatment. The whole pelvic basin was found to be filled with a firm, incongruous mass of organs and organized exudate. A hard knuckle of tissue presented itself to view exactly in the median line above the bladder, so as to be mistaken at first for the fundus of the uterus; but after detaching the ovarian abscess from the left side of the pelvis, this hard knob was found to be the Fallopian tube, greatly thickened and bent upon itself and firm, like uterine tissue. By this enlargement of the left tube the fundus was pushed to the right side of the pelvis. Of course the thickened tube was removed. Then the right tubo-ovarian abscess was enucleated and removed, and still there was a conglomerate mass above. This was situated around the head of the colon, and constituted an appendical abscess. The appendix had disappeared so that it could not be distinguished in the evacuated purulent accumulation. There was only a short stump left at the origin of the appendix at the head of the colon, which had its walls somewhat thickened and gave no evidence of danger from perforation. The cavity of the abscess was gently mopped out, a Mikulicz drain was inserted into each posterior quadrant of the pelvis, as this portion of the pelvic basin was a continuous raw and bleeding surface. The gauze was removed under chloroform in thirty hours. Rubber

drains were substituted for a short time, and the patient made a complete recovery, under the skillful management of the Resident Physician, Dr. Cahoon.

When congested or hyperæmic ovaries and their ducts do not become infected so as to lead to purulent accumulations, this congestion may subside after a time with but little impairment of structure; but if the congestion persists, or passes certain limits, a formative process ensues which results in a thickening or enlargement of these organs. According as the stroma or the ovarian follicles become affected, so does the ovary become either cystic, or hard and rugose. The left ovary is liable to be most affected, because of the irritation due to its close proximity to the rectum. A torn cervix, an arrest of involution after labor or abortion, a laceration of the perineum, displacements of the uterus, uterine tumors, tight lacing, a crouched position in sitting, prolonged exposure of the surface of the body to chilling influences, injudicious use of vaginal douches, efforts to shirk maternity, and sexual erethism, all conduce to this condition and constitute serious obstacles to success from treatment.

As has been stated, some of the most common causes of ovarites are emotional in character, and are passed unrecognized as ætiological factors by patients and physicians, in many instances. From anatomical reasons, the female fails to recognize these influences, under circumstances that would be quite palpable in the male. They arise from corrupting literature or theatrical performances, imprudent, if not corrupt association or conversation, prolonged engagements, disappointments in love, single life, or, worse than this by far, an unhappy marriage. If, under such circumstances, we find our patient has a dull, heavy expression of countenance, but with a face that flushes all over from slight influences, with frontal headache, slight trembling of the limbs and muscular weakness, we can give *salix nigra*, low, with good results. Such a girl may be apparently unmindful of the cause of her trouble. The platinum patient is proud, haughty and austere. She recognizes the storms of passion that overtake her. The organs feel congested and sensitive within and without, and she finds it almost impossible to keep her mind from reverting to her sexual system. The menses are dark in color, clotted and profuse, and seem in a



measure to relieve her of her troubles; but the symptoms return to annoy her again, so that she becomes despondent, depressed, exhausted and over-sensitive about her condition. The crethism in her whole sexual apparatus causes either an abandonment of her better traits of character, or such depression of spirits as comes from the struggle between pride and sexuality. Hughes says the remedy has cured religious mania in such subjects, and is of value to the class of women that aurum is prescribed for in the case of men. Hering recommends platinum for induration (chronic inflammation) of the ovaries. There is a tense, numb feeling in the nape of the neck, close to the occiput, as if the muscles were tightened or bound together, which is quite characteristic of cases in which the reproductive organs are overtaxed. There is also numbness of the extremities, weakness, general restlessness from weakness, with even tremulousness that calls for platinum in the 6x attenuation. Gelsemium 3x is also a very valuable remedy in such cases as are found to be suffering from exhaustion, occipital headache, lack of muscular power, ovarian sensitiveness, perverted sensations, as evidenced by chilly feelings over the body, dullness of mind, depression of spirits, and even dizziness from cerebral exhaustion, or neuralgia with a feeling of prostration. With this remedy we are able to relieve ovarian congestion and overcome many of the most distressing effects produced by long-continued hyperæmia, or abuse of the sexual organs in women. In those cases in which anæmia, neurasthenia or great mental perversion are prominent features, the rest-cure treatment will be needed.

Aconite 30th relieved a case of nymphomania with ovarian prolapsus in a woman nearly forty years of age, who is always very apprehensive and troubled for fear she has done wrong, or will be overtaken with sickness, and subject to hæmorrhoids which bleed profusely at times.

Congested and hypertrophied ovaries are heavy and very liable to become displaced. Enlarged and displaced ovaries are those we most frequently detect by the bimanual method of palpation. For this purpose the patient must be in the dorsal position, with the thighs flexed, and feet drawn up toward the buttocks but resting on a plane a little below the surface of the table, or else held in the lithotomy position by an attendant. The shoulders and head should be slightly elevated for the

purpose of relaxing the abdominal walls. With the index or index and middle finger of the left hand passed into the left lateral fornix of the vagina near the cervix, for the examination of the left ovary (and *vice versa*), the palpating surface of the other hand is gently but firmly pressed upon the abdominal walls above Poupart's ligament until the walls are relaxed and the hand approximates the fingers within the vagina, which are gently moved along from the cervix towards the pelvic wall in quest of a more or less resistant, somewhat movable ovarian mass that is brought in contact with them by similar movements upon the part of the hand externally. Small ovaries may escape us. Ovaries that are imbedded in a mass of adhesions elude us, and ovaries that are perfectly healthy and close to the walls of the pelvis can scarcely ever be reached, but ovaries that are easily detected are mostly diseased or displaced ovaries. Additional facilities for an examination of the ovaries may be secured, in the absence of serious pelvic inflammation or firm adhesions, by pulling the cervix down by means of a tenaculum, so that the ovaries are brought closer to the fingers in the vagina. A rectal examination may also give additional information in some cases.

Ovaries that are enlarged and displaced, but not adherent, can be replaced by having the patient assume the knee-chest position, whilst we permit air to pass into the vaginal passage during the efforts we make to gently push them into position; or we may effect their readjustment by succussing the uterus, as we may term it, with the patient in this position.

Symptomatic indications are reliable guides to the selection of the homœopathic remedy, but we will never succeed in curing our patients when we apply this treatment exclusively to conditions which are not amenable to any form of medicinal therapeutics. We must first select the remedy from the totality of symptoms; that is, arrange to treat the woman sick; then, as far as possible, remove causative factors; and if this is possible, we will be able to overcome the effects such influences have produced and cure the case.

It is particularly for an apprehensive, restless state of mind in inflammatory conditions that *aconite* is indicated for diseases implicating the ovaries. The abdomen is hot, burning and tense, and there are shooting pains in the ovarian regions, with full, strong pulse and attacks of palpitation; pain in the

lumbo-sacral region. The vagina and uterus are both sensitive and hot. A nervous, apprehensive, fearful mental condition frequently calls for the use of aconite.

*Actea racemosa* has a different mental condition, characterized by great depression of spirits; dejection, without any known cause, and fear of loss of reason; headache, with a feeling of pressure from within outward, particularly noticed in the vertex. Pains running across the lower part of the abdomen, with a sense of weight and bearing-down in the pelvis, the organs being congested and sensitive. Menses mostly profuse and irregular. A very valuable remedy for the hyperæmic and sensitive condition of the pelvic organs, due to displacement, when the uterus is engorged, sensitive and enlarged, and the tubes and ovaries are in a similar condition.

*Apis*, when patients appear absent-minded, restless, changeable, and have burning, stinging pains in the ovaries (mostly the right), with tightness, as from a string across the lower part of the abdomen, with sensation of weight and heaviness in the right ovarian region. (Compare palladium, bell. and podophyl.)

*Argentum metallicum*.—Pain mostly in the left ovary and back, extending toward the front and downward. (Compare sepia, lil. tig., thuja and vespa.)

*Belladonna*.—When the pains come in sudden attacks and cease abruptly. The ovaries are sensitive to pressure, especially the right. Patient finds relief from sitting erect, and gets worse from bending over. The vagina and uterus are very sensitive. Menses profuse.

*Bryonia*.—When the ovaries are involved in a general peritoneal inflammation. An examination is very painful, but the pain is mostly located in the peritoneal cavity. The tissues on the sides of the uterus feel œdematous, but the uterus itself is firm and hard. The patient's lips are dry and brown. She suffers from constipation; the stools are dry and brown, although she drinks frequently and enjoys a large quantity of water each time.

*Convallaria* is indicated in those cases in which there is a great deal of soreness complained of in the lower part of the abdomen above the pubes, consequent upon pelvic engorgement, with prolapsus of the uterus or ovaries, or both, when the pulse is weak and the urine scanty.



It is interesting to study the pathogenesis of other cardiac poisons when similar conditions are found, such as *cactus grand.*, *digitalis*, *magnolia grand.* for pelvic stasis, as well as *strophanthus* when the kidneys are especially implicated, and *apocynum* when there are dropsical effusions dependent upon a disease of the liver, with severe neuralgic pain in the back.

*Naja* when there are severe pains in the region of the left ovary, with palpitation and pain about the heart.

*Gelsem.*—With the congestion and heaviness in the uterine region we have the occipital headache, muscular debility, languor and depression characteristic of this remedy, with other symptoms already alluded to in this paper.

*Lachesis.*—Has more hyperæsthesia of skin in the left ovarian region than deep-seated pain. This hyperæsthesia is noticed in other parts of the body; the neck is sensitive, the waistbands are uncomfortable about the waist, etc.

*Lilium tig.* is indicated where there is vesical and rectal tenesmus (*nux vom.*). Funneling sensation in the vulva as if all the pelvic organs would protrude. The uterus is firm in texture and enlarged, but not particularly sensitive. There is pain and discomfort in the region of the left ovary, infra-mammary pain in the left side, and sensation as if all the organs from this locality were dragging downward; pains in the cardiac region are often complained of, and there may be palpitation that is annoying. There is depression of spirits, an impulse to hurry in every effort made, and she feels excited, but fails to accomplish much.

Magnesium mur., murex and sepia are remedies more frequently indicated by symptoms that belong to the uterus rather than the ovaries.

In conclusion, it seems scarcely necessary to state that a paper upon the homœopathic treatment of the diseases of any organ, or set of organs, must necessarily be merely suggestive. This is particularly the case with ovarian affections, which are so frequently associated with neurasthenic conditions as to make it necessary to study the case carefully, and to select the remedy that will meet all the requirements in the best possible manner, and with due regard to the fact that there is a morbid self-consciousness developed in such cases, that magnifies or misrepresents the true conditions in many instances.

## THE NEW PHARMACOPŒIA PUT TO THE TEST.

BY CHARLES MOHR, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of Pennsylvania.)

FOLLOWING a paper presented to this society several years since, at which time I urged the members of our society, and the homœopathic profession in general, to act in concert in securing a standard pharmacopœia, so that all tinctures and triturations, wherever and by whomsoever prepared, might be uniform in strength and composition, the American Institute of Homœopathy, largely through my efforts, in 1897 appointed a committee to revise the Pharmacopœia published under the auspices of the National Society.

The Committee on Revision, consisting of Charles Mohr, M.D., Chairman; J. Wilkinson Clapp, M.D., Secretary; Conrad Wesselhoeft, M.D., A. C. Cowperthwaite, M.D., F. A. Boericke, M.D., W. A. Dewey, M.D., John L. Moffat, M.D., and T. H. Carmichael, M.D., set diligently to work, and after many conferences completed their labors, and in December, 1901, presented to the profession the Homœopathic Pharmacopœia of the United States.

According to the rules of the Pharmacopœia, to secure uniformity in strength and composition of tinctures and triturations, and at the same time to make the dilutions or liquid attenuations correspond in actual strength with triturations, the dry crude drug is in each case made the unit from which to estimate strength. The fresh succulent plants are used whenever practicable, the plant moisture in all cases being taken as part of the menstruum, and with very few exceptions tinctures represent a strength of 10 per cent., the dried crude drug being the unit.

The Revision Committee, in announcing the issue of the standard pharmacopœia, called attention to the scientific exactness of the pharmacopœial methods—the mother tincture being 1-10 or 1x strength of the crude drug, the initial attenuation made from it being therefore the 1-100 or 2x strength of the

crude drug, and thus every attenuation expressing its exact value in terms of the crude drug. Besides, liquid preparations and triturations, when prepared according to the new work, agree in their designated strengths.

The Pharmacopœia has received the unanimous approval of the Association of Homœopathic Pharmacists of the United States, and so the physicians of our school may confidently expect drugs uniformly prepared.

Despite the efforts of the American Institute of Homœopathy, its several Committees on Pharmacopœia, and a large number of practitioners of homœopathy, who desired unity and uniformity, there arose two parties who objected to the new pharmacy methods. One of these parties believed homœopathy would be endangered because some of the fresh-plant tinctures were not made exactly as Hahnemann had originally prepared them, and the other condemned the new tinctures because they were not as strong as the old, and "physiological effects" could not be so readily or certainly induced.

The objections by the former might be overcome, it was supposed, by reminding the so-called "high dilutionists" that dilutions prepared from a tincture representing one-tenth of the drug strength must be just as good as dilutions prepared from tinctures representing one-half or one-sixth of the drug strength, *providing all the medicinal properties of the plant juice were retained in the tincture in their due proportions*. And this is what is claimed for the new tinctures. The objections of the "physiological prescribers," it was presumed, would be met by reminding them that if a tincture representing, say, one-fifth of the drug strength would require ten drops to insure "physiological effects," then the administration of twenty drops of the new tincture (strength one-tenth), *in which all the medicinal properties of the plant juice were retained in due proportions*, would be followed by a like result. And this is what may be claimed for the new tinctures.

Notwithstanding this common-sense way of looking at the subject, objectors are still making objections, and the purpose of this paper is to suggest that proper tests to prove the validity of the claims of the originators and revisers of the United States Homœopathic Pharmacopœia are in order.

The writer may say here that those physicians of our school



who aim to induce "physiological effects," as that term is ordinarily understood, are not practicing homœopathic therapeutic methods, but are prescribing antipathically, if not empirically, and to these a homœopathic pharmacopœia does not appeal. They are the practitioners who procure their tinctures, fluid-extracts, normal fluids, etc., from any and every manufacturing chemist or pharmacist. The more they can get for their investment, the better they seem to be satisfied. My own inquiries, too, have shown that these same practitioners are eager to prescribe modern medicinal products and new drugs; and, moreover, are daily using proprietary remedies, without knowing their composition, because they get them for nothing—samples to be had at any time and in any quantity for the asking. It would be a great boon, and a great boom for homœopathy, if these doctors could be induced to make a thorough and conscientious test of medicines prepared according to the standard pharmacopœia, and prescribe them for the sick according to the rules of Hahnemann's *Organon*. Many and many an agent, lauded to the skies by their manufacturers, would then be found in the ash-heap; and because of satisfactory results in the treatment of the sick *by our own medicines*, our school would grow in usefulness and numbers.

The method I adopted to prove the efficacy of the medicines prepared in accordance with the rules of the new pharmacopœia was very simple, and to all homœopathic practitioners really concerned for the further development of our art I commend it. First of all, I procured a full set of the vegetable drugs in tinctures and dilutions. To every case of illness in my practice occurring since September, 1901, presenting unquestioned homœopathic indications for the single remedy, I administered the medicine in one or more doses, according to the nature of the case, and I found precisely the same curative results as I had during previous years, while I was using the dilutions prepared from tinctures made according to the Hahnemannian pharmaceutical rules.

To my mind this was a satisfactory test; but as some of my medical friends claimed the results were due to "suggestion," whatever that may mean, or that the cases were such as would have gotten well as quickly on placebo, implying that the selected indicated remedy had nothing whatever to do with the recovery, I determined to make another test.

During February and March, 1902, I proved tinctures of aconitum napellus, belladonna, bryonia alba, chamomilla, gelsemium and pulsatilla on fourteen students in good health. The doses ranged from one to two drops of the tincture (strength one-tenth), at intervals of four hours, until effects were induced, or until such time as it seemed impossible to produce symptoms. Nine of the fourteen provers were found susceptible to one or the other of the above-mentioned drugs. None of the experimenters knew what the drugs were, and the greatest care was taken to prevent confounding drug effects with effects of cold, indigestion or such disease tendencies as are commonly experienced by human beings.

It is not my purpose here to give the symptoms produced, but to call attention simply to the fact that the effects of aconitum, belladonna, bryonia and pulsatilla were marked. As these four drugs produced the most pronounced effects, I paid special attention to them, and had each of the nine provers experiment with each drug two or more times.

When the proving was stopped for want of time and opportunity, I compared the symptom lists with the pathogenic record of the same drugs found in Hahnemann's "Materia Medica Pura" (Dudgeon's translation). The result was exceedingly gratifying, for I found symptom after symptom, expressed in words almost identical in phraseology, or at any rate conveying the same meaning. For instance, one of the provers of pulsatilla, among the other symptoms, recorded the following: "Distention of the abdomen after meals; food seemed to lay like a load in the stomach for some time, with a desire to pass flatus, which was offensive." Hahnemann records: "Swollen and distended abdomen; pressive pain in stomach, like a weight, after eating; passes very hot flatus." Then my prover remarks: "All these symptoms were worse in a warm room and better outside in the air." Can any one who has the least knowledge of homœopathy question these pulsatilla effects?

Another of my provers who had aconitum experienced, among other effects, "A sense of heat, with sweat; wanted windows open to get fresh air; towards night, bruised pain, like lumbago; constipated to-day, stool being hard, dry, and passed with much straining, but without pain." Now compare Hahnemann's pathogenesis, and we find the record says:

"Heat and sweat; pain, as if bruised in lumbar region; hard stool, attended with pressing; in the open air all symptoms are ameliorated."

These are samples of quite a number of similar instances, and I feel fully convinced, if our friends who are continually aiming to disprove, or if those who doubt Hahnemann's provings, or the validity of the processes of the pharmacopœia in question, would themselves make tests, not a few, but many, as suggested in this paper, it would be immeasurably to their advantage, and they would be strongly inclined to practice homœopathy, if they had not done so before.

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### MYOCARDITIS.

BY GEORGE F. LAIDLAW, M.D., NEW YORK.

(Read at the Semi-Annual Meeting of the New Jersey State Homœopathic Medical Society, October, 1902.)

MYOCARDITIS is an old subject recently revived. As far back as 1816, Kreysig wrote that inflammation of the substance of the heart was "a frequent but unfortunately mostly unrecognized disease." On the other hand, it was a medical maxim in those days that the heart-muscle was exempt from inflammation. Latham wrote that cases of inflammation of the heart were rare and not unrecognizable when present; so close an observer as Laennec never saw a clear case; and Craigie, in 1847, could only collect sixteen cases.

The truth is that skill in the practice of percussion has not kept pace with that of auscultation. Cardiac murmurs of endocarditis, pericarditis and their consequences have been assiduously studied, and this means of diagnosis is a common possession of physicians; but the condition of the heart as revealed by percussion is only now and in recent years becoming a matter of general information. The reason for this neglect lies in the difficulty of the art. Accurate percussion requires much more skill and practice than auscultation. Sabli, who has written the most popular book in Germany on "Clinical Diagnosis," in speaking of outlining the areas of superficial and deep cardiac dulness, well says: "*In estimating the size of the*



heart, the area of deep dulness is more important. This dulness is not absolute, only relative, and often difficult for the beginner to recognize. Superficial dulness is often enough absolute and easily perceived even by the untrained ear. This is a great advantage, and this is the reason why physicians always take refuge in the superficial dulness in spite of the disadvantages mentioned." The disadvantages mentioned are the presence of adhesions or pneumothorax which vitiate the conclusions drawn from changes in area of the superficial dulness.

The importance of percussion in the recognition of myocarditis lies in the fact that inflammation of the substance of the heart softens the muscle fibers. The muscle loses its tone. It gives away before the intra-cardiac pressure so that its cavities dilate. The chief symptoms of myocarditis are a feeble, usually rapid, pulse and dilatation of the heart. The feeble pulse you can feel with your finger; but the dilatation of the heart is determined by percussion.

It is now known that myocarditis with weakening of the heart-wall and dilatation is a frequent occurrence in acute infectious diseases, especially in diphtheria and pneumonia, in which diseases it accounts for many of the sudden deaths during or after the decline of the fever, when the infection and local inflammation seem to be mastered and the patient progressing favorably. Says Romberg, than whom there is no better authority on pathological conditions of the heart:

*"Unexpected death in diphtheria will decline in proportion with the thoroughness with which the physician examines the heart."*

In diphtheria, it is usually after the first week that irregular pulse and enfeebled heart become more and more prominent. In croupous pneumonia, the infiltration of large sections of lung always overwork the right heart, and this overwork is expressed by increase of the second pulmonary sound. If the heart does not respond to the increased demand, there ensues dilatation of the right ventricle. The dilatation may occur in the height of the fever with rapid pulse, systolic murmur at the apex, venous engorgements, and death in collapse within twenty-four hours of the first appearance of the symptoms. Here, early recognition of the cardiac disorder is vitally important for the timely adoption of the effective treatment. The same accident may follow crisis, but here the patient is more

apt to rally. In typhoid fever, lesions of the heart are recognized from the end of the second week onward and after defervescence. The pulse is very rapid, feeble, often irregular, and dilatation follows, with systolic murmur at the apex. The prognosis is better than in diphtheria and pneumonia, but sudden death sometimes occurs.

Scarlet fever may start off with severe cardiac inflammation. Romberg (*Archiv. für Klin. Med.*, xlix., S. 43) saw marked dilatation of the heart on the first day.

In inflammatory rheumatism, everything that happens to the heart is apt to be attributed to endocarditis or pericarditis. In view of the frequent occurrence of myocarditis with dilatation, it is incorrect to diagnose endocarditis from the mere presence of a systolic apex murmur, especially when accompanied with an accentuated second pulmonary sound.

Even so mild an infection as measles has its myocarditis at times. In fact, no infection with the absorption of bacteria or chemical poisons, with or without rise of temperature, is exempt.

Chronic myocarditis may follow an acute infectious fever, or especially articular rheumatism. It may develop insidiously from unknown cause, or from the abuse of alcohol or from physical overstrain. There develops progressive cardiac weakness with systolic apex murmur and enlargement of the area of cardiac dulness. There is gradual decline of bodily and mental vigor, with unaccustomed symptoms of exhaustion and dyspnoea and cyanosis after exertion. There may be vague discomfort in the chest or attacks resembling angina pectoris. Sometimes venous congestion appears early, affecting a single organ, and these are the patients with obstinate catarrhal bronchitis or gastritis or congestion of the liver that seek relief in vain from the therapeutic measures usually successful in similar symptoms. The disease may last for a long time, but sooner or later the full picture of cardiac insufficiency develops.

The principles of treatment of both acute and chronic myocarditis are simple. The chief point is to make a timely diagnosis, so that proper treatment may be applied while there is still time to protect and fortify the failing organ. These are the cardinal principles—to protect and to fortify. The heart of every convalescent from acute infectious disease should be

carefully examined for enlargement or mitral regurgitation, and if there is the least suspicion of damage, the patient should be kept absolutely in bed. The less work the heart has to do, the more quickly will it recover its tone. Enforced rest, with freedom from mental annoyance or excitement and exclusion of friends and visitors, fulfil the indication for protection. The heart is fortified by cold or hot wet cloths or ice to the heart-region, cardiac tonics, as ether, alcohol, musk, caffeine, and last, but not least, camphor. In emergency, the hypodermic injection of two to five grains of camphor dissolved in olive oil has often revived a patient from what appeared to be the last extremity. If venous stasis occurs, shown by dropsy, œdema of the lungs or serous effusions, digitalis or its substitutes may be useful. Alcohol in large doses is often indispensable. In the intense dyspnœa and orthopnœa of failing heart, two to four ounces of whiskey, brandy, rum or gin, repeated, if necessary, every twenty minutes for three doses, will sometimes do more good than all the rest of the *materia medica*.

In the same dyspnœa, and especially if associated with general dropsy, œdema of the lungs or serous effusion, digitalis or its substitutes may give relief. I say *may* give relief, because often there is no response from the weakened heart.

The homœopathic remedy is often indispensable. To be of any use, it must be selected carefully according to the symptoms, without reference to the pathological conditions, according to the rules of our therapeutics, and given in not too low a potency and not too frequent dose.

In consultation, I have sometimes seen a careful homœopathic prescription do all that we could expect of digitalis, and do it after digitalis and strychnine and other cardiac stimulants had failed. On other occasions I have seen digitalis with nitro-glycerine give more relief in one hour than had been attained by careful symptomatic prescribing during the preceding six weeks. It seems to me that the physician is not thoroughly educated who is ignorant of either system of treating disease.

When the heart has recovered its tone, moderate activity may be permitted. Then the carbonic acid baths on the Nauheim model should be employed whenever possible.

In chronic myocarditis, the carbonic acid bath and faradic



electricity through the heart every second or third day for twenty minutes at a time will maintain the tone for a long time. All over-exertion should be avoided, and periods of absolute rest and moderate activity should be alternated as the patient's strength seems to require.

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### THE IMPORTANCE OF MORE THOROUGH URINALYSIS IN GENERAL PRACTICE.

BY M. J. BLIEM, M.D., SAN ANTONIO, TEXAS.

It takes a rapid gait to keep up with modern practical medicine. The newer laboratory methods of clinical diagnosis are so constantly being elaborated and amplified that the older practitioner is apt to give it all up in despair and jog along in the easy old ruts. But there are some of the simpler and more essential methods, if we could only pick them up, which the older general practitioner ought by all means to learn; it is taken for granted that the recent graduate is highly proficient in them. For assistance along these lines I gratefully welcome such a book as Mortimer Lawrence's recent "Practical Medicine." I consider such a book worth more to most of us who have long ago left Alma Mater than to the student and recent graduate.

Perhaps expense hinders some,—for a good microscope is almost indispensable,—and yet how many will "blow in" tobacco smoke or something else several times the price of a good microscope in the course of a year. I know of nothing in the physician's armamentarium which so well pays for itself. Not least valuable, from a commercial standpoint, is the impression on your patients. You are "up to date," and look into things. In conversing with my confrères, I have been surprised to find how few make systematic examinations of the urine; if they do examine, they accept any sample brought in; often it is too stale, and sometimes uninstructed patients will bring in a two-drachm homœopathic vialful, and are greatly surprised when told that it is not enough! The great question of renal elimination is not considered. By way of making a few points, permit me to call to mind a few illustrations.

CASE I.—Mr. M., age 37, here a year ago from Iowa for general ill-health; twenty-five pounds under normal weight, weak and exhausted; has a tender, irritable dorsal vertebra. He had been a hard-working merchant, and was simply suffering from nervous exhaustion. The condition which a systematic inquiry into and examination of the renal functions revealed, was a diabetes insipidus. Such an inquiry had never been conducted, though he had been in the hands of a number of physicians. Total quantity per twenty-four hours was 96 ounces; urea, 900 grains, and total solids 1800 grains. Here was ample cause for debility in the excessive elimination of nitrogen and the salts. To put the brakes on, I gave him ergotole, gtts. x, four times a day for one week, with quick results; as a constitutional tonic, I administered the Roberts-Hawley Lymph Compound, and at the end of a month's treatment the elimination was perfectly normal, and he had improved so much in weight and strength that he went home. In a recent letter he informs me that he continued to improve and has again taken charge of his business. The point I wish to make here is, that without an estimation of the urea and total solids, the secret of the great waste would have remained unsolved.

Though we ought to know better, I believe many doctors are satisfied to pronounce upon the question of Bright's disease by the presence or absence of albumin; so hard is it to pull ourselves out of the old ruts. This is especially so in cases of pregnancy. I think in every case of which we assume charge we ought to make a systematic urinalysis from time to time, and the main point ought to be, not albumin, but the elimination of urea and total solids in 24 hours. Only three things are necessary for this: (1) The total 24 hours' urine; (2) a urinometer, and (3) a Doremus ureometer with proper bromine mixture. Surely anyone can have these and make this examination in a few minutes' time.

CASE II.—Mrs. W. was brought to me when six months pregnant, because of violent headaches. She was 20 years old and looked well-nourished. When a girl she suffered much from anæmic headaches. She and her family were of the opinion that these headaches were of a like character. However, realizing the possibilities, I went further and found that

there was no œdema of the legs. The headaches came every night and were very violent, and accompanied by incessant nausea and vomiting. She was eating heartily but drank very little, and upon analyzing the 24 hours' urine, I found total quantity only 20 ounces, elimination of urea 150 grains, and total solids under 400 grains; not a trace of albumin at any time. Here was a case where the old-fashioned way of simply testing a single sample for albumin would have been disastrous. There evidently was here very deficient elimination and threatened uræmia. I put her on a milk diet as nearly as possible, and plenty of water, and gave first belladonna, then ipecac. For some nights she grew worse and worse; then I found that she always "slept into" the headaches; even through the day, if she took a nap, she would wake up with violent headaches; any tyro knows that means "lachesis," of which I gave her the 12x every hour, with amelioration within a few days. At the end of a week we had elimination up to a safe point, and by careful dieting and plenty of water she was kept in a normal condition until she was delivered very easily of a plump little girl and made an uneventful recovery.

The amount of urea, of course, fluctuates a good deal, and I have been struck with the fact, mentioned by Clifford Mitchell in his work on urinalysis, that the elimination is not ordinarily so high as it is put in the books. The laboratory teachers are getting us down to a still more accurate point, as witness the article in *American Medicine*, March 15, 1901, by Dr. Behrens, on "The Value of Urea Estimation." He makes the point that as the amount usually fluctuates from 20 to 40 grains, according to diet, exercise, weight of patient, etc., we must know whether nitrogenous metabolism is normal or not for each individual. This can be done with sufficient accuracy by putting the patient on the following diet for four or five days: "1½ liters of milk, 6 eggs, 250 grams of white bread, 45 grams butter." This represents about 2,250 calories, the quantity necessary to sustain an individual weighing 130 pounds in a state of rest. The nitrogen in the diet amounts to about 13 grams. The urine is carefully collected and measured each day, and the amount of urea estimated by any of the well-known methods.

"By experience we find that, as a rule, nitrogenous equilib-



rium is obtained in a healthy person in three or four days. The urea obtained is not, however, a measure of the total nitrogen excreted, but includes about 80 per cent., a percentage which we may allow ourselves in the approximate determination. Since the molecular weight of urea is about 60, the amount present in each molecule is  $46\frac{2}{3}$  per cent.; the total amount of nitrogen in the urea can be readily calculated by this formula:  $\frac{\text{Amount of urea} \times 46\frac{2}{3} \text{ per cent.}}{.80}$ ; or, more sim-

ply, the amount of urea  $\times$  by the fraction  $\frac{7}{12}$ . The amount of urea found in the case above is 21 grams, from which the total nitrogen from the formula is 12.25 grams. This figure subtracted from 13 grams, the amount of nitrogen in the food, leaves 0.75 grams to be accounted for in the fæces. In this particular instance, then, the body would be in a state of nitrogenous equilibrium, and the nitrogen metabolism regarded as normal. If an increased or diminished amount of nitrogen is found in the urine, as compared with the food nitrogen, the inference would be that the nitrogenous metabolic process is abnormal or pathologic."

CASE III.—Mr. F., age 21 years, consulted me for Bright's disease; said he had for six months been under the care of several physicians. One thing was sure, there was undoubtedly albumin in the urine. But I soon found that this fluctuated very much, and sometimes there was none at all. The elimination of urea and total solids was always up to normal. He complained of more or less headache and backache and a tired feeling; soon digestive symptoms became prominent, indigestion, flatulency and constipation; also considerable mental depression. Finally, he complained of sharp, stinging pains in the urethra on urinating, and frequent desire to pass water. I now made a microscopical examination of the sediment. I found no renal elements whatever, but plenty of oxalate of lime crystals. I believed now that I had found the *fons et origo* of the whole trouble, viz., a primary digestive disorder, resulting in oxaluria. A previous interesting experience with a chronic case of indigestion, characterized by oxaluria, gave me the hint. Whether oxaluria is a disease itself or simply an effect of disease seems a mooted point. I believe it is a result of deficient metabolism, in some individuals taking the form

of oxaluria instead of uric acid, which is by far more common. I reasoned that in this case the albumin was simply the result of irritation of the tubules, caused by the presence of the oxalate crystals. These also accounted for the stinging pains in urinating. To make a long story short, proper attention to diet and drink and habits relieved the digestive disorder, the bowels became regular, the oxaluria disappeared, the patient gained 10 pounds in weight, and, as a rule, feels well. I have instructed him how to test his urine for albumin, which he does frequently, and for some months now there has been none whatever. I made many examinations during the first three months of my attention, and never once saw any evidence whatever of nephritis; and yet, on the strength of the albumin, the case was diagnosed as nephritis and an unfavorable prognosis given. Here was an instance where the microscope was indispensable for the solution of the puzzle.

CASE IV.—Mrs. F., age 48 years, was taken sick with nausea and vomiting. As the trouble came on gradually and was obstinate, I inquired into the urine, and developed the fact that for two years she had noticed a sediment in the urine, which formed scales in the vessel. These were strikingly abundant. On examination under the microscope, this sediment was found to be carbonate of lime crystals; there was also a decided amount of albumin. Our city water is impregnated with lime salts. As I found no other formations and no renal elements, I concluded that the albumin was caused by mechanical irritation of the lime crystals. This was found correct by the simple expedient of putting her exclusively on distilled water. In a few days the lime deposit and albumin disappeared simultaneously, and have never returned; the patient has ever since used distilled water.

STRYCHNIA IN THE INEFFICIENT PAINS OF LABOR.—Dr. A. B. Spinney, in *Hom. Jour. of Obstetrics*, speaks very highly of this drug under the following conditions: "During the first few hours, before the head engages, the pains may be very hard, and the mother gives out." "She stops helping and the pains cease." "One remedy that is worth all the rest of the *Materia Medica* is strychnia." "One-sixtieth of a grain, given every two or three hours, for four doses, and request such a patient to remain perfectly quiet until the remedy begins to work."

## NIGHT COUGH RELIEVED BY ARGENTUM NIT., AND POLYURIA BY SQUILLA.

BY E. H. VAN DEUSEN, M.D., PHILADELPHIA.

(Read before the Philadelphia Medical Club.)

I SHALL relate to you two cases, not because they are unusual, but by way of illustrating the relief of distressful symptoms by the administration of a drug selected homœopathically, and for the purpose of exciting a discussion of homœopathic prescribing in general, as well as in such cases as those presented.

The brilliance of the results of abdominal surgery in cases which, except for such interference, would result fatally, has blinded some of us who are not surgeons to the treasures of our *Materia Medica*, and has induced us to adopt heroic measures in prescribing, so as to keep pace with the heroic measures of the surgeons. When we fail, as did the watchmaker who used a butcher's knife for a screwdriver, it is because our tools are not suited to our work.

A child 2 years old had nearly recovered from a laryngo-trachitis. He had remaining only a cough, convulsive, hoarse and gagging in character, occurring at 1 o'clock in the morning, and lasting from one to two hours in frequently repeated paroxysms. He was given several remedies without relief for a week. Two drops of laudanum on sugar gave him a quiet night. The next night the same type of paroxysm recurred, beginning at 11 and lasting until 1. Two grains of *argentum nit.*, 3x trituration, were dissolved in sixteen teaspoonfuls of water. Two teaspoonfuls were given at 6 P.M., two at 8 A.M., and three more doses at 12-hour intervals. Since the first dose there has been entire relief.

I was called to see a girl who was suspected by the managers of the institution in which she lived of being pregnant. She had borne an illegitimate child some two years before, but denied the possibility of a pregnancy at this time. She had a progressively enlarging mass in the abdomen, and the mass seemed to spring from just beneath the pubes. She refused to



submit to a vaginal examination because of the pain it occasioned. She had not menstruated for four months. Her general health was impaired. She urinated frequently, the daily quantity reaching at times four quarts. The specific gravity was very low, and there was no sugar. She finally consented to an examination under an anæsthetic.

The mass was found to be an enormously distended bladder. The uterus was normal.

She was catheterized once daily, and was given squilla, 2x dilution, 12 drops daily, in 6 doses. In two months she was passing 50 ounces of urine daily, of a specific gravity of 1018. Her general health was apparently completely restored.

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#### ONE OF MY ERRORS.

BY N. B. DELAMATER, M.D., CHICAGO, ILL.

Professor of Mental and Nervous Diseases in the Chicago Homœopathic Medical College.

I WAS called to one of the interior towns of this State to meet one of our very best physicians, in consultation over a very critical case.

I gathered the following history: The patient, a man about 60 years of age, had been, until a very few years, very active in his business; had been on the road a large share of the time, but a few years previous had given up that life and settled down to something approaching the sedentary, yet was out in the air and around his little town a great deal. He had been a man of good habits, and I could not get evidence of any hereditary taint. He had denied to his physician on several occasions that he had ever had syphilis.

About a year previous to the present attack he had consulted physicians on account of the loss of smell. So far as could be learned, this was bilateral, and no sufficient examination was ever made to determine positively whether it was due to local nasal trouble or not. He had also complained more or less of "bad feelings" in the head and of vertigo, but I could not ascertain the location of the bad feelings nor determine whether there had been any special tendency to fall either one way or

the other from the vertigo. He had had a foul tongue most of the time, and had doctored himself for liver trouble a good deal. There had been more or less digestive disturbance and constipation, but he had been his own doctor (in the main), and was at the time of my visit unable to give any information. I could not learn more of the particulars regarding these conditions. He had frequently had slight attacks walking or talking, when he seemed to lose himself for a few seconds. The family recalled some occasions when he seemed to be faint for a minute or so, but no attention had been paid to these symptoms, which were referred to the liver or to digestive disturbance. This was all I could learn about the condition prior to the present attack.

About a week previous to my call, while coming to the house from the barn, he suddenly became either faint or dizzy, or possibly both; the right leg became numb, and from careful cross-questioning there seemed to have been formication, and also localized absolute loss of cutaneous sensations. His speech became thick, and somewhat mumbling. However, he walked to the house, but with some difficulty, on account of inability to use the right leg and foot well. I could not learn whether this was due entirely to the loss of sensation or partly to motor paralysis. His mind soon became somewhat clouded; he went to bed and grew rapidly worse; that is, he lost strength rapidly, the numbness of the right leg increased, the right arm became numb, there was a constantly increasing tendency toward inability to use the right arm and right leg, but it was very uncertain whether this was due to motor paralysis at all or was purely a result of the sensory conditions. The mind became more and more clouded, and there was some very mild delirium. Rapid emaciation took place, but there was very little fever, and the pulse was almost normal. A foul, yellowish, brown-coated tongue, and a very foul, almost cadaverous breath were noticed. There was some disturbance of the bowels—diarrhœa part of the time, and at other times no movements for a couple of days. The urine seemed about normal, but no chemical or microscopical examination was made. The urine was passed involuntarily at times. He was inclined to occasional short spells of mental and physical nervousness.

When I saw him he recognized members of his family and

his doctors, but in a dazed sort of way, and part of the time called a brother who was present by the name of another brother who was not present. He was but little inclined to talk, but, when he did, articulation was very indistinct. He had had, two days previous, an attack of vomiting immediately following the taking of some whiskey and milk, and this continued at intervals for twenty-four hours or more.

The tongue protruded nearly straight; the pupils of both eyes were markedly contracted, but that of the right was rather more marked than that of the left; they responded to light but imperfectly.

On account of the mental condition, I could not learn anything definite as to the sensory conditions of the arms or the legs, but found both superficial and deep reflexes present. It was very evident that he did not use the right arm or the right leg nearly as well as the left, also that cutaneous sensation was not nearly so good on the right side.

There was an anæmic heart murmur, with possibly some deposits on the valves. There was no evidence of diseased lungs, the liver seemed to be normal in size, as did also the spleen. There was no evidence of trouble in the abdomen discoverable by palpation or percussion.

With a great deal of skill and in spite of much difficulty an oculist got a glimpse of the disks and found them hazy, the edges not well defined, the bloodvessels small and seemingly somewhat broken, but he could detect no hæmorrhagic spots. It was a condition that suggested neuro-retinitis and yet could not be diagnosed as such.

From the history and examination I gave an opinion (with a string to it) of some kind of a growth, a tumor in the brain probably. I saved myself as regards the family by saying that there was not sufficient evidence to be certain in an opinion, and that I could not say positively what the case was. I made a prognosis of death in a few days, gave some directions to the family, a few suggestions to the doctor, and went home. My diagnosis was clearly and fully proved to be wrong by the post-mortem held the following week, which revealed the following state of things.

Post-mortem on body of Mr. F. Died March 19, 1897, 6 A.M. Posted March 20, 1897, 10 A.M. Brain only organ examined. External appearances negative



On removing the calvarium it was found adherent to the dura, over an area of about three inches in diameter, at a point where the fissures of Rolando would meet, and in addition the membranes were found congested over their entire surface; moreover, located on the dura, in the area of adhesion, were a number of white nodules, tubercular in appearance. The membranes were adherent to the surface of the brain over the same area as they were to the calvarium, and, on removing them, the part adherent took a part of the brain-tissue with it. The external vessels of the brain were found congested.

On removing the brain from the skull, and on cutting the vessels leading to the brain, the internal carotids were found to have undergone calcareous degeneration. The left internal carotid was completely occluded by the calcareous deposit for an inch and a half, and the vessel felt like one injected with plaster. The circle of Willis and the right internal carotid were partially occluded by the same deposit and degeneration. The anterior, posterior and subcerebellar arteries of the left side had undergone partial calcareous degeneration, but no complete occlusion was found. The vessels of the entire right side were less involved than those of the left. Examination of the cranial nerves revealed nothing. The cerebrum was normal in appearance, with the exception of now and then an injected bloodvessel. Examination of ventricles negative.

Examination of cerebellum: The right half was normal in appearance throughout, but the entire left half was a degenerated mass, and in the centre resembled pus.

The right half of the pons seemed to be in a normal condition, but the left half showed marked signs of softening and breaking down; the same condition was observed in the medulla, the right half healthy and the left degenerated and softened to a marked extent, but the degeneration softened and diminished the farther down we examined it.

From this and other cases in which there has been a post-mortem examination and a similar condition found we learn that without a full history it is very difficult to arrive at a correct conclusion. We see in this case the necessity for full information in making a diagnosis emphasized. To differentiate between a growth and softening is often impossible without the most complete and definite information.

## CANCER OF THE BREAST.

BY HERBERT P. LEOPOLD, A.M., M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of the Twenty-Third Ward.)

THE term cancer is used as an equivalent to malignancy, without reference to a particular variety of malignant tumors. About one-fifth of all tumors are found in the mammary gland and about one-fourth of all carcinomatous tumors have their initial seat in these glands; and, still further, it may be said that 92 per cent. of breast tumors are cancers.

To thoroughly understand the subject let us briefly recall the lymphatics, since it is through this channel that the rapid dissemination takes place in fully 85 per cent. of breast tumors which are carcinomatous. The lymphatics are very numerous, and for convenience are divided into superficial and deep. The former are cutaneous, and one set emerge from the nipple and glands of the skin, and pass over the mammary gland, where they enter the cribriform openings into the axillary fascia to join the axillary ganglia which forms a plexus around the axillary vein.

The other superficial set enter the mediastinum, and on the right side anastomose with those from the liver. This seems to explain the dissemination into the axilla, mediastinum and liver.

The deeper take their origin from the mucous membrane of the milk ducts and acini, forming a rich plexus, and enter the axilla, cervical, subclavian, scapular and mediastinal glands. This explains the dissemination into these regions.

That cancer occurs with appalling frequency, and that it seems to be on the increase, dare not be denied. What are the reasons for this condition of affairs? Malignancy of the breast can boast of a mortality of 100 per cent., and yet a growth in this locality is frequently "*watched for signs of malignancy.*" In 1889 Heidenhaim demonstrated that "a cancerous tumor that has become sufficiently large to recognize clinically, has already scattered its infective cells throughout the entire breast, the neighboring chain of glands, and in many instances the overlying fascia."

A history of pre-existing mastitis is found in 30 per cent. of all cases, traumatism in about 13 per cent., and heredity varying from 5 to 33 per cent. Here, then, we certainly have sufficient reason to be on the lookout for this dreaded disease. I will not burden you with the different varieties of breast tumors nor with the diagnosis; with these you are too well acquainted. Suffice to say that every growth in the breast should be looked upon with suspicion, and I cannot express the situation more forcibly than to quote the conclusions of Dr. Van Lenep, when he says, "Every nodule in the breast should be incised, generally excised, and examined." When we consider what a typical ground the mammary gland presents for the origin and development of malignant growths, coupled with the fact that benign growths invariably take on the malignant form, it is not to be questioned that the only hope is to early excise, examine, and if found suspicious, the entire gland must be removed. Fully twenty-five years ago Banks made this terse, timely and graphic interrogation, "Have you ever imagined what the results would be if all cancers were removed when they were no bigger than peas?" That question has not been robbed of its pertinency in all these years, and is the keynote of our success in limiting the awful scourge.

From the days of Galen there have been doctors who believed that surgery should only be considered after every other known treatment had failed. That this process of reasoning is fallacious and unfounded has, beyond all doubt, been demonstrated.

Again, you will hear this expression, as I have heard time and again, "Why, doctor, there is no involvement of the axilla." Now there is just the point. It has been proven and re-proven that nodules do exist in the axilla that cannot be palpated externally, and it is only after the axilla has been opened that these cancer-nests have been found. Some surgeons even go so far as to say that when the involvement in the axilla can be demonstrated externally, the case is practically inoperable. Conservatism is the cry of the day, but woe be he who procrastinates in breast tumors. In the light of recent experiments, it would seem that perhaps the X-rays may supplant the knife, but until then, the early diagnosis and early radical procedures are not only important but absolutely imperative.



TREATMENT OF SEPTICÆMIA BY HYPODERMOCLYSIS OF FORMALIN  
1-5000 IN NORMAL SALINE SOLUTION.

BY THEODORE L. CHASE, M.D., PHILADELPHIA.

THERE have been quite recently a few cases reported where septicæmia has been successfully combated with formalin solution used by intravenous injection and by hypodermoclysis.

Maguire, of London, Ewing, of Cornell, and Burrows, of Bellevue, have brought this treatment before the profession.

It is claimed that the treatment has been successful in septicæmia following surgical operations, in puerperal infection, and in sepsis of tuberculosis.

The following case is interesting, and demonstrates the efficacy of the treatment: The patient is 26 years of age, and was sent to the West Park Hospital to be relieved of her pelvic disease. She was operated for double pyosalpinx on February 6, 1903. The tubes were immensely distended, extending down and adherent to the tissues in the bottom of the pelvis. The pus sacs were ruptured during enucleation, and, notwithstanding the walling-off of the general peritoneal cavity by large gauze pads, there was considerable soiling of the wound-area. Several gallons of saline solution were used to thoroughly wash out the pelvic cavity.

The cœliotomy wound was closed and the patient removed to the ward at 4.30 P.M. She reacted slowly from the anæsthetic, and during the early night nothing unusual was noted. About 2.30 A.M. the temperature was 100.6° F., pulse 120. At 6 A.M. it reached 103.6°, pulse 160.

Retching and vomiting were constant, and the patient's condition showed evidence of profound sepsis. Formalin 1-5000 in normal saline solution was used by hypodermoclysis, 300 c.c. injected under the breasts, this being followed by a rapid drop in temperature to 99.6°. Within an hour it began to rise again, when another 300 c.c. was placed under the breasts, this being repeated every three or four hours the following day. During this time the temperature did not exceed 100°.

The solution was now discontinued for twenty-four hours, at

the expiration of which time the temperature again ascended to 101.6°, when another 300 c.c. was injected into the tissues of the abdominal walls. This last injection brought the temperature down to 100°, after which it gradually receded to normal, and the patient is now well on the road to recovery.

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### PERIODICAL VOMITING IN CHILDREN.

BY C. R. NORTON, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homœopathic Medical Society.)

I FIND, on looking up this subject, that the references at my command are recent. Meigs and Pepper, "Diseases of Children," 1882, do not speak of it, nor does Pepper in his "System of Medicine," 1885. Keating, in the "Cyclopedia of the Diseases of Children," 1890, refers to Gee, of London, St. Bartholomew's Hospital Reports for 1882, who details nine cases. Rotch, 1895, under the title "Persistent Vomiting," describes the disease clearly, and illustrates by narrating three cases, one of an infant of 8 months, whose history is traced through several years, and the others relating only to single severe attacks. Allbutt, in the "System of Medicine," 1890, under the title "Recurrent Gastric Catarrh," describes, under the appellations "periodic," "fitful" and "cyclical" vomiting, the condition of which I am writing. Hemmeter, 3d edition of "Diseases of the Stomach," 1902, speaks of "Juvenile Vomiting;" but the condition described does not correspond to the state under discussion. Rachford, in the "Archives of Pediatrics," 1897, Numbers 8, 9 and 10, gives the most complete account of the condition, particularly as to its causation and treatment. He believes it to be of lithæmic origin, and presents most fully the dietetic and medicinal treatment. Holt, "Diseases of Infancy and Childhood," 1902, refers to Griffith, "American Journal of Medical Sciences," November, 1890, for the literature, and gives a very clear description of the condition. I have no references from homœopathic sources.

Periodical vomiting in children is probably a lithæmic state occurring in a neurotic child. It is difficult, in most instances,

to tell the exact cause of the attack in question, though in one of my cases there was apparently a clearly marked cause for each attack. One thing is clearly settled, and that is the influence of heredity. I can plainly see in all my cases the distinct neurotic type of child and the neurotic character of one parent, in each instance the mother.

Rachford is very emphatic in his statements as regards the lithæmic origin of these cases.

I shall not discuss further the etiology, nor, except briefly, the symptoms. An account of these will be found in the following lines and in the details of the cases. The subject of an attack of periodical vomiting is almost, without exception, a child of marked neurotic habit. It is often the case that the oncome of the vomiting will be preceded for a few days by languor, loss of appetite, coated tongue and other symptoms of indigestion, but in many instances the vomiting begins without premonitory symptoms. The attack is characterized by persistent vomiting, more or less elevation of temperature, obstinate constipation, coated tongue, flat belly; vomitus, consisting of watery fluid, thin mucus, often green, watery, mucous fluid; food or drink is almost instantly rejected; the thirst is intense, the appetite lost. Great depression occurs, and in the severer types of the disease this reaches the point of collapse. The vomiting usually lasts two to three days. It generally runs this course without showing any evidence, or but little, of its progress being favorably affected by medication. At the end of this period the vomiting lessens in frequency, desire for food returns, and in a short time the child regains its normal condition. In some cases, however, the loss of flesh is recovered very slowly, and a more or less permanent deterioration of health remains.

The attacks tend to recur at irregular intervals, and they usually cease before the age of puberty. In infants they occur with greater regularity; there is, in addition often to the gastro-intestinal symptoms, very rapid respiration, very high fever and excessive emaciation.

As regards treatment of the attack, there is not a great deal to say; few remedies, as has already been said, possess much power to modify the progress of the attack. *Iris, cupr. arsen.*, *veratr. alb.* and *arsen. alb.* would seem indicated. The free use



of calomel, the employment of enemas, especially those containing glycerine, appear to be of some service.

It is between the attacks that the real good is accomplished. By careful dieting, by wise regulation of the whole life of the child, the frequency of these is lessened and the severity reduced.

Rachford suggests that cereals be added to the milk given to infants who are bottle-fed, and that meat-soups and beef-juice be withheld. Later, the diet is to consist mainly of milk and cereals; and still later, when a mixed diet is employed, milk should hold a prominent place through the developing years of childhood. Proteids are recommended in this order in an anti-lithæmic diet for children: Milk, eggs, fish, oysters, poultry, game and butcher's meat. The use of cereals and good bread, the early habit of eating green vegetables and fresh fruits, is to be enforced. When children are old enough to take plenty of exercise in the open air, the freer use of proteids in the order already mentioned may be allowed. With the correct diet and a well-regulated life generally—this to include a proper amount of sleep, cool bathing, fresh air, country life, if possible, judicious school life, and much exercise in the open air—much can be done in the early years to lessen lithæmic conditions.

In detailing the cases which follow, I shall endeavor to show the influence of heredity, and especially the effect of the neurotic taint.

Cornelia D., blonde, 4 years old in October, 1902.

The mother of this child is of the utmost nervous character, has much headache from eye-strain, no migraine, wears prisms. She has a rapid heart much of the time, often a pulse-rate of 120, no exophthalmos, no valvular disease, but the heart muscle is undoubtedly weak, the general muscular development is poor. She is very nervous and worried all the time, especially about her children and about all her duties. She constantly feels that she is incapable of performing her duties, her motions are jerky, her face is sad.

She has faint spells, life is a difficult burden for her, she cries much about a baby recently lost, is very forgetful and has a helpless way about her. She is a woman of much beauty, a perfect blonde type, fine skin and hair, of a gentle disposition, affectionate, fond of husband and children. The father is a

large, quiet sort of a man, not at all nervous, a lawyer by profession. His health has been very good till recently. I found albumin in his urine last winter, and there has been ever since an insufficient quantity of urea most of the time, though there have been no casts since the first examination. His sisters are of a very nervous type, excessively so. Cornelia has been reared for the most part in the country—she was nursed by the mother for some months—she is a chubby child in build, a bright, cheerful little person. She has always had to be watched as regards her digestion. I forgot to say that a brother, now about 9 years old, has occasional sick headaches. The first attack of periodic vomiting occurred when she was 2 years old, in January, 1901. It was attributed by the parents at the time to her having eaten an orange which was slightly frozen and to taking milk afterwards. The vomiting was of watery mucus and persisted more or less for two or three days. I do not know whether she had fever—she was not confined to the bed—she received calomel during the attack and was dieted afterwards.

A second attack occurred in the following winter and it was very much like the first one, perhaps not so severe, but I have no particulars. The third attack took place in October, 1902. She did not seem well on the evening of the 20th; on the 21st began to vomit and had diarrhœa with mucus in the discharges, and in the vomitus. The vomiting continued all day and the following night and on the 22d. The diarrhœa ceased on the second night. The material vomited consisted of mucus with streaks of dark matter looking almost like blood. On the 22d pulse was 120, temperature not noted. On the 23d pulse was 96, she had some colicky pain. On the last-named date she received calomel and magnesia citrate the next morning, vomited once in the afternoon, apparently the junket she had taken two hours before. She had no food whatever on the 21st and 22d, a little whey on the 23d and the junket on the 24th. The tongue was coated, the abdomen not swollen. An examination of a small specimen of urine made at this time showed: color pale, phosphates, a slight trace of albumin in the filtered urine. The microscope disclosed: squamous epithelium, large round nucleated cells, many leucocytes, acicular crystals, rosettes, yellow (uric acid) crystals in abundance. The field full

of minute round crystals, dissolved by caustic potash, one acid ammonium urate crystal. The child was more carefully dieted thenceforth, but in November she had another attack of a milder type but with similar symptoms. She vomited for twenty-four hours. She had not fully regained her usual strength when this last attack took place.

Curtis S., slight build, aged  $7\frac{1}{2}$  years, blonde, red hair, has been delicate, yet not often ill.

The father, a blonde, is a phlegmatic Pennsylvania German. The mother is also a Pennsylvania German but of the nervous type, dark hair and skin. Both parents enjoy very good health. No lithæmic symptoms in either except that the mother had sick headaches when a child. A younger brother of the mother has been insane more or less of the time for many years. The insanity is of a mild type with long remissions. He has been engaged in useful occupations much of the time and within recent years has, I believe, been better. An older sister (aged 13) of the child, whose case we are considering, had within the past year a mild type of mental aberration of an hysterical nature, appearing without any apparent cause—the symptoms being drowsiness, singing, crying, headache and fever, the temperature reaching once  $103^{\circ}$  Fahrenheit. This condition lasted two or three days. She had a second attack a month later with no fever nor headache, sang and whistled much of the time, was restless, the mental condition peculiar. The urine for twenty-four hours was 64 ounces, pale, faintly acid, sp. gr. 1010, no albumin, urea 1 per cent.; I consider the girl to be mentally below the normal standard.

In February, 1901, after exposure to cold and to fatigue—he had been shoveling snow—he came into the house, lay down, and went to sleep at once. He woke in a little while with the vomiting. This was on Saturday afternoon. He vomited all night, all day Sunday, and got a little relief on Sunday evening. Vomited again on Monday forenoon. The material vomited was watery; no color. The thirst was constant and great. He would vomit very soon after taking water or ice, which were given in small quantities. He took carbonated water. The child was much depressed. I believe he had no temperature above the normal; the feet were cold, the belly flat. He looked as though he would die, he was so exhausted. He was in bed



ten (10) days. The treatment was glycerin-and-water injections, calomel and, I believe, *cupr. ars.*, though my notes of the case are deficient.

In December, 1901, another attack began with a cold and croupy symptom. It was seen on the following day that he had the mumps. He vomited this time for forty-eight hours but the whole attack was not so severe as the previous one.

In December, 1902, had croupy symptoms again. Next day began to vomit clear, watery material. This was on Monday. It was then noted that he was developing measles. He vomited Monday, Tuesday and Wednesday forenoon, and on the last day he vomited considerable bloody, stringy mucus. I did not see the vomitus. The belly was flat, tongue not much coated. In this instance he had *iris vers.* and calomel.

At this time (January 3) the boy is just sitting up after two weeks in bed. He had considerable fever of a remittent type for a week after the measles were fairly over, and without my being able to find a sufficient cause for the same. This child is essentially delicate, is small, and of a very slight frame. Intellectually the superior of his sister, though much inferior in physical development.

Margaret A., now 12 years old, had been rather a delicate backward child; dark hair and skin; of a very quiet disposition, in direct contrast to an older sister, who is very lively and vivacious, and who is much stronger and more sturdy.

The father was of blonde type, a man of great brightness of mind and of a vivacious disposition, stout, and of very good health till within the last few years of his life, when he was found to have nephritic symptoms with the occasional appearance of albumin in the urine. He died of angina pectoris, the cause being, as far as could be discovered, a thinning of the auricular wall of the heart.

The mother is dark, with dark hair, slender and delicate,—a woman of very intense feeling and great sensitiveness. She has had bad health more or less for years; has had much deep sorrow. She is intelligent to a high degree, and possessed of much force of character. She is of a pronounced neurotic type.

In January, 1897, Margaret had the first attack of vomiting. She was then 6 years old. It came from no apparent cause.

She had extreme languor for 2 or 3 days, followed by nausea and pain in the region of the navel. These symptoms prevailed in three attacks of the four noted. Then the vomiting began, of light-greenish, watery substance, and this vomitus characterized the attacks.

When I was called to see her I thought she had obstruction of the bowels; there had been no movement, and the character of the vomitus and the whole appearance of the child was most suggestive of that condition. I had no personal knowledge of the nature of periodical vomiting, nor had I ever read of a case. She had increasing fever for some days, the highest temperature noted being  $103^{\circ}$ . There was the constant thirst and vomiting noted in the other cases, the great exhaustion, the loss of flesh. It was only after the use of the enemas of glycerin and water that the bowels were finally moved and that some relief as to vomiting followed. The attack lasted for some days, and it was almost two weeks before the child was well.

In March, 1898, she had another attack of vomiting, with the same symptoms; but it was not so severe. We gave the glycerin enemas early, and I was in attendance only four days.

In 1899, also in March, she had a more severe spell, lasting a week before she was convalescent. After the second attack, I believe that I first realized the true nature of the case and put her on a diet recommended by Rachford, lessening the quantity of meat and giving more fruit, fresh vegetables, milk and eggs.

She had a fourth attack, the date of which I cannot exactly state, but it was within a year of the third one. The mother writes that "the bowels had been regular before the attack, the pains, with extreme nausea, fever, and green vomiting, setting in suddenly very close together, without the premonitory days of indisposition. This attack lasted longer and was much more severe than the others. High fever, delirium, great discomfort in the abdomen. After some days of illness Margaret had vomiting of blood. This recurred perhaps three times, the greatest amount being over half a pint."

The child never regained the flesh she lost in these attacks. I note in that of March, 1899, the tongue was clean, and on three occasions that the pulse was only 92, and this with a temperature of  $101.5^{\circ}$ , and once a temperature of  $100.8^{\circ}$ .

## DISCUSSION OF PAPER OF DR. NORTON.

BY CHARLES PLATT, M.D.

(Read before the Homœopathic Medical Society of the County of Philadelphia, Jan. 8, 1903.)

DR. NORTON has requested me, in lieu of a discussion, to speak briefly of the physiologic chemistry of lithæmia. What I have to say on that subject may appear antagonistic to current beliefs, and yet the antagonism is apparent rather than real. To the best of my knowledge, for instance, Dr. Norton and I agree entirely in our conception of the subject, and we differ only in this, that he retains, without apology, the name lithæmia, while I, concurring with him in all he has said, consider this name unfortunate. Clinically it may be necessary, but chemically it is confusing, implying, as it does, a definite chemical change in the blood—an excess of uric acid—which excess, personally, I do not believe to be present. Lithæmia as a name, in other words, stands for two things: a symptom-complex, which we all recognize, and an attempt to explain this symptom-complex, which latter use of the term I believe to be fallacious. Dr. Norton has used the term clinically, and has requested me to speak of it from the chemical standpoint.

There is probably no better-abused excrement of the human body than uric acid. Those of you who have been patient or foolish enough to read Haig on the subject know that it is held responsible for every ill to which the body is heir. In popular fancy, carefully fostered by uncandid medical advice, it is the easy explanation of every pain and ache in the body. I say uncandid advice, for I am afraid that, as with many other similar hypotheses, though doubting its truth, the careless physician has become *particeps criminis* in its dissemination. The uric acid diathesis sounds well—it may be just that—at least it is a convenient term to use in talking with certain patients whose chronic ill-health is thereby quite satisfyingly labeled.

I speak freely of all this as being in error, and yet I know that I am appearing to many of you as an iconoclast treading on sacred ground. The error is this, that, as with diabetes mellitus, a single symptom, one quite as erratic as are symp-



toms in general, has been mistaken for the disease. Just as the fact that diabetes was long regarded as a pathological excretion of sugar has hindered and set back the proper study of the disease itself, so the idea that the diathesis of which we now speak is a condition of our production of uric acid has prevented all rational and effective study of the true disorder. An evident symptom, with a plausible theory to explain it, has turned the clinician from impartial study.

It would be impossible to review the various theories concerning the formation of uric acid within the limits of this note. Let me merely refer to two of the most popular:

1. That it is derived from the nuclein or purin bases, *e.g.*, xanthin, hypoxanthin, and from guanin and adenin, these being themselves both products of proteid metabolism and digestion.

2. That it is derived from the amido bodies, *e.g.*, glycocol, leucin, asparaginic acid, glutamic acid, etc. That these are normally converted within the liver into urea, but that in an interruption of the normal metabolism the intermediate products, the ureids, hydantoin, allanturic acid, etc., are carried to the kidneys, and there transformed into uric acid.

According to both of these theories, uric acid is a sort of half-way product in the formation of urea, the completed metabolism leading to the latter, the incomplete to the former. In these theories, too, are reflected the common beliefs that uric acid will be increased by a meat diet, and that it will be increased also by a deficient oxidation, neither of which statements have ever been proven. Granivorous birds excrete uric acid, carnivorous animals excrete urea, and in the bird, too, we find oxidation in the highest degree. Uric acid sediments will appear in the urine with an excessive meat diet, but is this not rather a precipitation simply, due to the increased acidity produced by the meat, and not at all due to an increase in uric acid? Uric acid may be excreted in actual excess with a vegetable diet, though here it does not become so evident, being now held in solution by the alkaline urine.

My own belief is that normally, in mammals, uric acid has a common origin with the nuclein bases in the katabolism of the nucleo-proteids; that it is not derived from the nuclein bases, neither from those of the body nor from those of the food;

that a certain small percentage in health and a larger percentage in disease—in disturbed hepatic metabolism—arises from glycocol, leucin, asparaginic acid, etc., which reach the liver *via* the portal tract.

What are the conditions actually known and proven to be associated with excess of uric acid? The post-critical stage of fever, and leukæmia, and that is all! In gout there is a retention of uric acid during the paroxysm, and a flushing out later on, but no over-production at any time. Uric acid may deposit in the joints—is this deposit due to excessive formation? I think not. Is it not due rather to trophic changes in the synovial membranes, changes possibly of central origin, and is it not that this change predisposes to a decomposition of the normal serum much as a nutritional change in the bladder will dispose toward a deposition of normal salts from a normal urine?

The term lithæmia is, then, I repeat, an indefinite term, or, rather, inaccurate; sometimes convenient, but often misleading. The hypothesis implied by the term is at least unproved, if not disproven; it tells of excessive uric acid production in conditions often associated with no increase in that excrement. To me it is a poor name for a condition of toxæmia, a poisoning of the sympathetic ganglia, a poisoning generally of intestinal origin.

EOSINOPHILIA IN PELVIC LESIONS AND IN THE VERMIFORM APPENDIX.—(Weir.)—*The conclusions reached are:*

1. Eosinophiles take a prominent part in the cellular infiltration associated with inflammatory and suppurative processes of the pelvic organs.
2. In such conditions they usually occur in the largest numbers in the sub-acute stage, and associated with connective tissue hyperplasia.
3. Eosinophilic infiltration is found in most cases of carcinoma of the cervix, and in almost all cases of pyosalpinx and ovarian abscess.
4. In inflammatory conditions of the endometrium eosinophiles occur in small numbers and in but few cases.
5. Eosinophiles represent a large proportion of the cells forming the stroma of the mucosa in the normal and the diseased appendix.
6. In inflammatory conditions of the pelvic organs associated with an eosinophilic infiltration of the tissues, the percentage of eosinophiles in the circulating blood is rarely increased, and usually decreased.—*The American Journal of the Medical Sciences*, January, 1903.

## EDITORIAL.

## THE PLAN OF BEDSIDE TEACHING IN MEDICAL SCHOOLS.

TAKING as his text the Report of the Examining Board to the Surgeon-General of the Army, that of 87 candidates, graduates from medical schools, 48 were rejected, 21 physically disqualified, and only 18 accepted, Dr. Osler, of Johns Hopkins University, contributes a paper to the *Medical News* of January 10 "On the Need of a Radical Reform in Our Methods of Teaching Senior Students." The failures having been chiefly in the practical part of the examinations, the author feels justified in demanding a radical reform in that direction in the methods of medical schools,—a reform which has practically been adopted in the Johns Hopkins Medical School. His arguments would have been more conclusive had he been able to show that the percentage of failures was less among the graduates of that school than among those of other institutions.

He, as well as all of us, recognizes the great benefit that has resulted from making the instruction in the first and second years of the curriculum more practical than formerly by supplementing the didactic lectures with practical courses in the various laboratories. He demands that the third and fourth years of the course should be changed correspondingly and be made *exclusively* practical; that the student "should be taken from the lecture-room and from the amphitheatre and put in the out-patient departments, and in the wards of a hospital." He says, "For the junior student in medicine and surgery it is a safe rule to have no teaching without a patient for a text, and the next teaching is that taught by the patient himself."

He then shows how this can be carried practically into effect, and, finally, how such a plan has worked in the Johns Hopkins Medical School. It would be impossible here to reproduce even the outline of his system; suffice it to say that if it be accepted as an ideal one, or even as the correct one, it demands, as the



author acknowledges, a reform in the hospitals; "we must ask from the hospital authorities much greater facilities than are at present enjoyed, at least by the students of a majority of the medical schools." It requires, in reality, that the hospital shall be conducted entirely in the interests of the medical school, and that all its arrangements shall be modified so as to allow of the introduction, both into its out-patient departments and into its wards, of groups of students as ward-workers, "these students themselves taking their share in the work of the hospital, just as much as the attendant physician, the interne, or the nurse," each for three months. He says this has worked well, and therefore we must believe that it is possible; but, to an outsider, the difficulties of reconciling a double government and supervision of hospital and college,—of preventing interference or neglect—of affording the needed rest and quiet to patients, with groups, or clinical "units" of 10 students, invading the ward, enthusiastically bent on "observations,"—would seem insurmountable.

The absolute impracticability of such a reform in the hospitals as at present constituted must be evident to all; it is manifestly possible only in a case such as that of the Johns Hopkins Medical School, "of which the hospital, by the terms of the founder's will, is an essential part."

The ward-class system, as at present pursued in all medical schools connected with hospitals, the author finds inadequate.

But let us see whether the advocated exclusively practical course is even desirable. Is it the natural method under present conditions? Does the practitioner become proficient in his art only, as the author says, by constant contact with disease? If "the whole art of medicine is in observation," do the observations of others count for nothing in the development of the practitioner? Let the student be taught how to see, how to hear and how to feel, and let him have plenty of opportunity to develop his powers of observation, but let him be taught in didactic lectures what others have observed before him.

A system of exclusive bedside teaching cannot be either complete or systematic.

It cannot be complete, for it is manifestly impossible that even in the largest hospitals, with their extensive out-patient

departments, there should be found represented forms of all diseases, or all forms of any of the various diseases, during the time allotted to the instruction of the students. If the rule were adopted to have no teaching without a patient for a text, the presentation of the subject of the practice of medicine would necessarily be but fragmentary and incomplete, varying not only with the season of the year,—not necessarily a disadvantage,—but differing in different years and in different localities.

Dr. W. G. Thompson showed, in a paper on this same subject, that of 42 infectious diseases which he found classed in a standard text-book of medicine, only 13 can be shown regularly every year in the wards or dispensary of even such a hospital as that of Bellevue, New York, with its 850 beds; 17 cannot be shown at all, because they do not occur in New York; 6 may be observed once in two or three years, and 6 more may be shown at another hospital (one for contagious diseases only), by exposing several hundred students to the hazard of infection.

Again, we know that the character of a disease varies in different years, and it is but seldom if ever possible to demonstrate, even in a group of patients, much less in a single individual, all the symptoms and complications of a given disease; and yet a knowledge of these is essential to its thorough, practical understanding. Hence, either symptoms must be manufactured at the bedside or supposititiously injected, in order to complete the picture, or the delineation must remain incomplete. In the didactic lecture there are no such limitations; a full and complete picture of the disease, with all its possible features, can be presented, with which the clinical cases can then be compared.

Again, such exclusive bedside teaching cannot be systematic, for it is impossible to have at command at the proper time, except in exceptionally favorable circumstances, cases which will lend themselves to the demonstration of the manifold diseases of any special organ or system. Fortunate, indeed, would that clinical teacher be who could find, even in the largest ward, a text-patient or patients for every one of the diseases, say, of the circulatory or respiratory systems. Who would not be tempted to interrupt any projected systematic course of

bedside instruction to take up a case of some unusual disease, unexpectedly presenting itself, even at the risk and with the probability of confusing the student?

As completeness and system are, we think, essential to the laying of the foundation of that knowledge which shall be of most permanent benefit to the student in his endeavor to become a successful practitioner, *exclusive* bedside instruction, which is incompatible with these, will need to present stronger claims before it can hope to be generally received as the ideal method.

Due consideration of this subject in all its bearings has not led us to modify the views which we expressed in May, 1898, as follows: "The natural acquisition of all scientific knowledge and its practical application is first analytical, then synthetical, and then again analytical. A host of workers have collected innumerable observations, which have been arranged into a science, and in the light of this synthesis a new practical analysis is to be undertaken, and the systematized knowledge applied to individual cases. By abandoning the didactic lecture, which is, or at least should be, the statement of the end-results of innumerable observations, we actually take the student back to the primary analysis, and attempt, by a limited number of clinical cases, laboriously to arrive at a synthesis which has already been obtained by countless observations. No; let the didactic lecture remain as the exponent of the end-product of the wider wisdom of the past, and let the clinics and laboratories be used to illustrate, to verify or to disprove, but not to supplant. In no clinic, however large, can the student be brought into contact with every phase of disease."

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#### SOME REMARKS CONCERNING MEDICAL LITERATURE.

THE construction of medical literature may be said to be carried on by three classes of writers, as follows: 1. Those who wield a facile pen, and who, though possessed of more or less logical minds, have only a theoretical knowledge,—not born of practical experience,—of the subject upon which they write. 2. Those who have a practical experience and extensive knowl-



edge of their subjects, but whose literary style is so ponderous that their works can never instruct; the best use of their books is that of a substitute for the widely-known hypnotics. 3. The men, unfortunately the smallest class, who possess the facile pen in combination with vast practical experience. It is the writers of the third class who constitute the real teachers and leaders of medical thought. There would be more of them but for the innate modesty of the class, as such men are not always aware that they possess knowledge which they can advantageously impart to their colleagues. The above thoughts came to mind as we perused the work on "Diseases of the Skin," by a distinguished colleague\* of New York City, for the author unquestionably belongs to the third class of medical writers. Certainly the work deserves an editorial notice in addition to the orthodox book review. The majority of dermatologists adopt such a heavy style in their writings that we wonder if their education is not very like many drugs,—*"Made in Germany."* Dermatology is thus made a distasteful subject to the majority of medical men, who persistently refuse to learn anything concerning it. "What's the use," said a young physician; "one-third of the cases are eczema; and if I diagnose eczema every time I see an eruption, I shall be right one-third of the time, and I will not be much better off if I study the subject until I am gray."

The secret of success in writing is a clear idea of the subject to be treated; and then the determination to state the knowledge in as few words as possible. The freer the author's style is from all technicalities, the more readily will his reader comprehend the subject, and the more interest will he take in it. We say that a teacher awakens enthusiasm in his pupils. We may even say he is magnetic. Magnetic! Bosh! He simply displays common sense.

Now all of these virtues are possessed by our author. As to his teachings concerning etiology, pathology, diagnosis, and prognosis, we find them just as they should be. That much of the book is compilation is true. But all books are that to a certain extent. But before us, we find a compilation prepared by a practical mind for practical men.

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\* Dr. Henry M. Dearborn.

Necessarily, we look to the work from a homœopathic standpoint. Again, we find it not wanting. We doubt if many of the measures recommended will please mentally-distorted enthusiasts,—the self-styled purists,—but they will please those who want to know just what homœopathy will do, and what it will not.

There are many practical men who have thus far lived a life of obscurity; men who have deprived their fellow-men of the fruits of their experience. To them, we say emulate our colleague's example, and give our school a literature of which we may be proud.

#### IS IT DISGUISED BLACKMAIL?

SEVERAL times have we been importuned by canvassers to subscribe to directories, biographical dictionaries, and other publications, the incentive offered in the former being the privilege of having one's name printed in bold type, and, in the latter, of having a biographic sketch, with portrait, within the same covers enclosing notices of presidents, financiers, merchants, politicians and liquor dealers.

A medical directory is a necessity. There are but few of us who do not find them more or less useful. Unfortunately, however, their circulation is so limited among the profession—at least it is so claimed by publishers—that means must be adopted for increasing their sale, or at least the cash receipts from the publication. Advertisements are therefore inserted, and no one can object to them, for the directory publisher does not follow his calling for the benefit of his health. Besides, advertisements do give much useful information. But when the publisher offers as an inducement to subscription the printing of names of subscribers in bold type, we query if the proposition is not mild blackmail? The man of limited means cannot permit his more prosperous neighbor to secure undue prominence, and so against his will,—for self-protection, as it were,—he subscribes. The same criticism applies to partial lists of physicians to be distributed over the offices and hotels of the country; in fact, we think them worse than the bold-faced type in the directory.

The greatest evil, however, is found in the biographical dictionary or encyclopædia. We have lived long enough to see a number of them pass through their short-lived careers. The agent calls. His victim is shown a list of the men selected to go in; all others, no matter how heavily endowed with cash, must stay out. Their arguments become so plausible that one can only say in self-defence "No; I do not want it." And yet the arguments advanced are unanswerable, and the victim is almost made to feel that by depriving the work of his biographical sketch he is doing a great wrong to the community. But the book comes out, and, with very few exceptions, is like all others which preceded it. Men of science are associated in the work with eminent charlatans.

As we have said before, there is a motto among a certain business element to the following effect: "Every man has some money which I would like to get. I will get it honestly if I can, but I must get it somehow."

Every physican has been fooled some time by these schemes. To the experienced, words of warning are needless; but the young man whose cash reserve must be maintained and added to should know the experiences of those who have gone before in supporting these ventures.

We believe that medical directories should be printed and published on the same basis as city directories. The lists of physicians should be complete. All should be inserted on an equal footing. If any one chooses to insert a *reputable* advertisement, it should be paid for. And then the work should be on sale, as are other directories.

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#### INTRAVENOUS INJECTIONS OF FORMALDEHYD IN THE TREATMENT OF SEPTICÆMIA.

THE daily papers teem with accounts of patients suffering with septicæmia, puerperal or otherwise, who have been treated with greater or less success by means of formaldehyd solutions administered intravenously. The treatment is based upon theoretic considerations and upon experiments made by Maguire, of London, and Ewing, of New York. While it is entirely



too early to reach any conclusion as to the value of the method, it will interest the profession to know the details of the first case thus treated. Dr. Barrows, whose successful treatment of a patient in Bellevue Hospital has been recorded far and wide, publishes his report in the *New York Medical Journal* (Jan. 31, 1903). The patient, a negress aged 26, was admitted to Bellevue Hospital with a temperature of  $104^{\circ}$ , a pulse-rate of 124, and a respiration-rate of 30. She was in labor, and there was a foetid, bloody discharge from the vagina. On the following morning she was delivered of a macerated, decomposed foetus of about six months' growth. After delivery she had a severe chill, and her temperature rose to  $105^{\circ}$ . Despite irrigation of the uterus and curettement, symptoms of general sepsis supervened. Blood cultures showed the presence of the streptococcus. When seen by Dr. Barrows, the patient had a temperature of  $108^{\circ}$ , the pulse was from 150 to 160, and the respirations were 38. She was given an intravenous infusion of 500 c.c. of a 1 to 5000 aqueous solution of formalin. Within three hours her temperature had fallen to  $105^{\circ}$ , and within six to  $101^{\circ}$ ; then it rose again to  $103^{\circ}$  and rapidly dropped to  $95^{\circ}$ , the pulse being 86 and the respirations 22. It rose again to  $103^{\circ}$ , and a second infusion of 750 c.c. of the same solution was administered. The patient had a slight chill but no further temperature-rise, and within twelve hours her temperature was normal. Several blood cultures were made, but none after the first showed streptococci, nor were any changes in the red corpuscles discoverable. The woman is now practically well.

While it is, as we have said, entirely too early to draw any conclusions from the data at hand, the method suggests hopeful possibilities. It has been suggested that, instead of distilled water, normal saline solution be used as the bearer of the formaldehyd. At least one report has been published of the successful use of the solution in a case of a tuberculous patient *in extremis* because of secondary streptococcic infection. The treatment may prove valuable in a number of the secondary infections which are such fatal accompaniments of the specific fevers.

## OSTEOPATHS, CHRISTIAN SCIENTISTS, AND THE MEDICAL LAWS.

THERE has been presented to the Legislature of Pennsylvania a bill known as "The Ray Bill," which provides that osteopaths and Christian scientists must pass an examination before a State board of medical examiners as to their proficiency in anatomy, physiology, pathology, medicine, surgery and the allied sciences, before they can be permitted to practice within the State of Pennsylvania. This bill has been energetically opposed by the parties personally interested. They claim that inasmuch as they do not prescribe or administer medicines, that therefore they should be exempt from the present laws governing the practice of medicine and surgery. They furthermore plead that the only persons opposed to them are the members of the allopathic school; that the homœopaths are in favor of permitting them to practice without State board examinations.

The osteopathists, it should be remembered, are not a privileged class of practitioners. No matter how they cure their patients, it stands to reason that they can only practice successfully by possessing a thorough knowledge of the various medical sciences. If they persist in remaining ignorant of these subjects, they stand in danger of injuring more patients than they cure. Consequently their calling must be a menace to the public welfare. If, on the other hand, they are well grounded as are the graduates of accredited colleges, then they should take pride in elevating their branch of medical practice by voluntarily appearing before the State Board of Examiners. Their opposition to the Ray Bill certainly redounds to their discredit.

The assertion that homœopaths are opposed to the Ray Bill is purely gratuitous. Already the Philadelphia Homœopathic County Society, The Organon Club of Chester, the Homœopathic Medical Society of Delaware, Montgomery and Chester Counties, and the A. R. Thomas Club, of Philadelphia, have passed resolutions favoring the bill in question.

As to the Christian scientists, their tenets are opposed to

the acquisition of medical knowledge of any kind. The best way of curing them of their folly is to insist that before they can legally care for the sick, they must learn something of the human body and its diseases. If they already know it, they need not be afraid of the examiners. If they do not, the sooner they acquire it, the better for humanity. So far as this class of practitioners is concerned, we fear they are beyond redemption. We feel very much as did Dr. Collyer when he said that he had but two objections to Christian science, namely, "It is not Christian; it is not science."

We trust that our readers one and all will at once write to their senators and representatives urging them to support the Ray Bill. Let it be distinctly understood that homœopathists as a body stand for the preliminary education of those entering upon the study of medicine, a four years' course in an accredited medical college, and the State Board.

#### DR. FRANKLIN A. GARDNER.

DR. FRANKLIN A. GARDNER, the most widely known practitioner at the National Capital, died of typhoid fever at his residence in that city on the evening of February 13th, after an illness of four weeks. Born in 1856 in Salem, Mass., and educated in the schools of that town, he graduated in medicine in 1882 from the New York Homœopathic Medical College, and immediately began the practice of his profession in his native place. Six months later he removed to Washington to become the assistant of Dr. W. M. Cate, whose practice he shortly purchased. His success was immediate and remarkable, and within three years of his establishment he was himself employing assistants. As his reputation grew, in order to keep the demands upon his time within the scope of his physical ability, it became necessary for him to repeatedly raise his fees, till at the time of his death his clientele embraced the wealthiest and most fashionable dwellers at the Capital. His success as a physician was both phenomenal and deserved; in twenty years he had reached an eminence rarely achieved in twice that time, but it was by the genius of work and boundless energy that he rose.



He had infinite enthusiasm for his art, and wide knowledge of all that pertains to its practical application. In therapeutics his range was extraordinary; a thorough believer in homœopathy and a constant and accurate prescriber according to the law of similars, he also exemplified the accepted definition of a homœopathic physician in claiming for his use everything pertaining to the great field of medicine. He was thus fertile in resources and quick to apply new methods to the cure of disease. He early recognized the possibilities of electro-therapeutics, and developed it in all its phases with the enthusiasm of a specialist until he stood pre-eminent in his knowledge of this agent.

His diagnostic acumen was noteworthy for its accuracy and rapidity. He appeared to have the power to see the malady. While part of this insight was genius, the most resulted from hard study and the systematic arranging of clinical facts into their proper perspective till the diagnostic image formed itself almost automatically in his mind. Every laboratory aid to a thorough study of his cases he constantly employed. This thoroughness, clear insight, positive conviction and skillful application of therapeutics was acknowledged by his *confrères*, by whom he was in daily demand as a consultant.

To his patients he was first the physician and always the friend. In the sick room he was the gentlest of men, sympathetic, business-like and thorough, leaving always behind that satisfaction and contentment without which medicine avails little. To say that he was idolized by his patients would be no more than the truth. He was beloved of many and respected by all, and, except that of our late President, no death in Washington of recent years has caused such widespread grief.

To the few who were closest to him he was the most charming and lovable of men, modest, unaffected and kindly. A man of few words, and none of them useless, his advice in times of doubt and stress was freely given and highly valued. He was a power in the quiet influence he wielded. Integrity was the keynote of his character—his Quaker ancestry made anything else impossible. Scorning a lie, scrupulously honest, careful of the rights of others, charitable to a fault, a clean liver, he was a model of what a physician should be.

His predominant trait was his energy and industry. To work was his delight. Recently he had recognized the necessity of relaxing a little, and was planning, with his family, to enjoy some of the fruits of his twenty years of strenuous life. Thus, in the full strength of his years, he approached his grave,

“Like one who wraps the drapery of his couch  
About him and lies down to pleasant dreams.”

H. H. HAWXHURST, M.D.

VERSION WITH EXTRACTION IN CONTRACTED PELVES, BASED ON 320 CASES.—(Krull.)—The indications for the use of intra-uterine rubber bags (the metreurynter) are the following :

1. The fœtal head must be movable.
2. The internal os must be passable for about three fingers, to allow the introduction of the metreurynter.
3. The metreurynter increases not only the pains, but it excites them and serves to rapidly dilate the narrow os.
4. It is a substitute for the fœtal membranes, and is of special value as a dilating wedge in premature rupture of the membranes.
5. It is of special value in weak pains and unruptured membranes.
6. It is well adapted for multiparæ.
7. It is a substitute for the kolpurynter where the latter cannot be used on account of the relaxed pelvic floor.
8. It is a most excellent tampon for placenta prævia, if placed in the amniotic cavity.

9. The metreurynter can be used with elastic traction if this does not succeed. The os can be dilated with Bossi's dilator, a useful instrument if dilation must be effected in the shortest possible time.

In summing up the report of these cases, the writer concludes as follows :

1. Version and extraction in a contracted pelvis and a medium-sized child can be performed successfully for both mother and child in a flat rachitic pelvis having a diagonal diameter of  $9\frac{1}{2}$  cm.
2. Version is to be avoided when possible in primiparæ, and only to be performed in the presence of the most urgent indication on the part of the mother or child.
3. Interference should be delayed, as a rule, in primiparæ; also in multiparæ, when version is barely within the bounds of possibility in a narrow pelvis. Also, delayed interference is justified when the head presents favorably at the brim.
4. Nevertheless, in multiparæ, version followed by extraction is a valuable method of delivery, especially for the practical physician, when the head presents favorably in a contracted pelvis.

5. Version in extraction with a contracted pelvis is in the interests of the mother rather than Cæsarian section with relative indications and symphyseotomy.—*Archiv. für Gynækologie*, Bd. 67, H. 2, 1902.

## GLEANINGS.

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**MYOMOTOMY WITH RETROPERITONEAL TREATMENT OF THE PEDICLE BY CHROBAK'S METHOD.**—(Heinricius.)—The principal indications were the following: rapid growth, 10 times (in 1 case associated with frequent desire to pass urine and with pain), profuse menstruation, 34 times; profuse menstruation with frequent desire to pass urine, 8 times; profuse menstruation and rapid growth, once; metrorrhagia, 15 times; urinary difficulties, 10 times; symptoms of peritonitis, twice; rapid growth and inability to work, 3 times; inability to work on account of the size of the tumor, once; difficulty in defecation, once; severe pains in the sacrum and lower abdomen, twice. Eighteen women had no symptoms peculiar to the tumor, but desired operation on account of the difficulty they found in doing their work.

In my first cases, the uterine canal was disinfected a few days before the operation with corrosive sublimate, and the vagina was douched with a similar fluid. The vagina was packed immediately before the operation with iodoform gauze. Intra-uterine injection was soon abandoned, and at present the vagina is disinfected just before the operation with 1 : 1000 solution of corrosive sublimate, and packed with iodoform gauze.

The usual preparations for operation are as for my other laparotomies; antiseptics are used only for washing the hands, the external skin of the patient, and for the vagina. Only asepsis is practiced for making the abdominal incision. Formaline catgut is used.

The operation is performed in Trendelenburg's position. The weight of the tumor draws the cervix and the vagina higher up in the abdominal cavity, and makes them more accessible. The tumor is drawn out and held to one side with one or two cockscrows which hold securely, and hæmorrhage is averted. The adnexa are ligated in one or two parts with Dechamp's needle and catgut No. 3. The adnexa are then divided between the ligatures and a clamp. An ovary is left in young women when possible, so as to preserve any effect which it may have upon the organism. A curved incision with the convexity upward is carried transversely across the lower anterior part of the uterus, and the flap of the peritoneum is separated partly with the finger and partly with the scissors.

After the anterior flap has been prepared sufficiently large and deep, a similar one is formed in like manner on the posterior wall of the uterus. The lower the dissection, the more easily are the peritoneal flaps separated from the pericervical cellular tissues. The bleeding is unimportant unless dilated veins are present. These can be avoided by a superficial incision which does not cut into the uterine tissue.

After these flaps have been prepared, the upper portion of the cervix is dissected from the surrounding cellular tissue, and a ligature is placed on either side with a small Dechamp's needle which ligates the branch of the uterine



artery going to the uterus. There is no difficulty in finding the vessel as its pulsations are easily felt with the finger, and if the needle is passed close to the wall of the cervix, the vessel will lie inside of the ligature. The tumor and the uterus with the upper part of the cervix is then removed with Paquelin's thermocautery. The bleeding from the stump is very slight. The remaining portion of the cervical canal is cauterized and dilated with the thermocautery while the stump is pulled up with a bullet forceps.

A small wick of iodoform gauze is then passed down from above through the cervical canal and drawn down into the vagina by an assistant. The upper end of the wick is cut short at the bottom of the stump.

The peritoneum is now drawn together over the adnexa ligatures and united over the stump. A fine, continuous suture of catgut, running from one side of the pelvis to the other uterus, unites the margins of the peritoneum and especially the flaps. All the ligatures and the stump, therefore, are extra-peritoneal. The wound is then closed and a fresh iodoform gauze tampon placed in the vagina. Up to 1895, all layers of the abdominal wall were united by single sutures, but since that time, peritoneum, fascia and the skin have been united in layers by continuous catgut sutures, excepting the skin for which fine silk is used.

The after treatment is very simple. On the third day, the iodoform wick is removed. Five days after the operation, the patient is given a laxative, and if necessary, an enema. The sutures in the abdominal wall are removed on the tenth day, and the patient begins to sit up on the fifteenth, and goes home at the end of three weeks.

There were 2 deaths in 108 cases, that is, a mortality of 1.81 per cent.—*Archiv. fur Gynakologie*, Bd. 67, H. II., 1902.

George R. Southwick, M.D.

THE PATHOGENESIS AND TREATMENT OF ECLAMPSIA.—(Stroganoff).—Eight women died out of 126 suffering from eclampsia,—*i.e.*, 6 $\frac{2}{3}$  per cent.

From its pathological characteristics, eclampsia is a special form of disease which affects women in pregnancy, labor, in the puerperium, and rarely newborn children. It affects more frequently primiparæ, twin pregnancies and women suffering from diseases of the kidneys.

It is a disease of short duration, accompanied by some fever, and does not necessarily occur in the same women in successive pregnancies, though it may be repeated in the same pregnancy.

In some years eclampsia occurs in a benign form, while in other years it is especially malignant. In some sections, also, it is a disease of great rarity. It is most frequently observed in lying-in hospitals.

The disease may affect women with healthy kidneys, and in 70 per cent. of the cases the prodromal symptoms appear before the attack (several hours).

Eclampsia often occurs in groups of cases, as in lying-in hospitals, where it appears to follow other cases. The isolation of the eclampsia cases leads to a diminution of such cases in the clinic.

The writer concludes from these premises that eclampsia is a special form of disease with characteristic clinical, pathological and anatomical appearances; that the theory of its foetal origin is not proven; and that the theory of infection explains this disease in a more simple and a more logical manner, as the disease is more common in hospital than in private practice. He

therefore isolated the eclampsia cases in the clinical institute at St. Petersburg, to diminish the number of cases.--*Centrablatt für Gynakologie*, No. 48, 1902.

George R. Southwick, M.D.

**METHYLENE BLUE FOR METRITIS.**—(Chaleix-Vivie.)—The writer recommends the use of chemically pure, finely pulverized methylene blue, which is neither painful, caustic nor poisonous, for the treatment of metrorrhagia, menorrhagia and leucorrhœa. It relieves pain in dysmenorrhœa. The writer uses it also for pregnant women suffering from blenorrhœa, vaginitis, and metritis. After a few applications it relieves both the leucorrhœa and the pain. Experiments on animals have shown that the methylene blue is diffused very quickly throughout all the layers of the uterus. It also has a germical effect on the gonococcus, streptococcus, staphylococcus and the bacterium coli.

George R. Southwick, M.D.

**THE EOSINOPHILE LEUCOCYTES DURING LABOR.**—(Cora.)—The relation between the eosinophiles and the other white corpuscles circulating through the blood does not alter during pregnancy; but labor has scarcely begun when the number of the white corpuscles diminish.

This lasts throughout the entire labor, and some hours after delivery. When labor has lasted for a long time, the number of the eosinophiles is so small that they have several times apparently disappeared.

At the end of pregnancy, the number circulating through the blood is from 2 to 4 per cent. After labor, barely 2 to 0.3 per cent., and even less. Improvement begins soon after, and the third or fourth day (seldom later) the blood corpuscles resume their former proportions and remain permanent.—*Ibid.*

George R. Southwick, M.D.

**THE INTRA-UTERINE USE OF CHAMPETIER-DE RIBES BALLOON IN OBSTETRICS.**—(Zimmermann.)—The writer collected 645 cases of this kind to study the results of this treatment. Twenty-nine cases were reported in detail from the Greifswalder clinic.

The method is especially applicable for the induction of premature labor. Pains come on quickly and surely, and the bag remains until the os uteri is completely dilated. Premature labor was induced on account of a contracted pelvis in 211 cases; 177 children were born alive; 33 women were ill during the puerperal period, and 4 died. Labor was induced by this method for eclampsia in 52 cases. Forty-three children were born alive, 7 mothers were ill and 6 died.

A woman should be delivered immediately before or a little after the expulsion of the bag, either by version or forceps, with due consideration for the pelvic conditions present. The bag also is inserted during labor after the dilation of the os, in pathological conditions where it is desirable to terminate labor quickly. In premature presentations the bag should always be introduced as early as possible for prophylactic purposes.

Thirty-seven transverse presentations were reported in literature treated in this manner. Twenty-nine children were born alive, 1 died, and there were 15 cases with prolapse of the cord, with 11 living children.

The method of treating eclampsia with the bag ranks with Bossi's instru-

ment and Cæsarean section. Central placenta prævia is a most important indication for intra-uterine use of the bag.

The writer recommends that it should be placed between the uterine wall and membranes without rupture to the latter, and be gradually filled, so as to compress the placenta side. Many writers believe that the bag should be placed within the amniotic cavity immediately after rupturing the membranes.

After the bag is in position, it should be weighted with at least 500 drachms. Delivery of the child should follow immediately after its expulsion.

The writer does not believe that the membranes should be ruptured previously to the use of the bag, excepting in cases of hydramnion. He considers it one of the most valuable advances in the practice of modern obstetrics, and recommends it most warmly to the practising physician.—*Centralblatt für Gynäkologie*, No. 47, 1903.

George R. Southwick, M.D.

MALTA FEVER.—Craig gives in detail several cases of this disease. The following conclusions may be drawn from the study of these cases:

1. There occurs in the tropics and subtropics a fever which may resemble in its acute stage either typhoid or malaria, and in its chronic stage articular rheumatism, caused by the micrococcus melitensis.

2. There are no pathognomonic symptoms of Malta fever. The symptoms observed are so inconstant and confusing that no one of them can be said to be typical of the disease.

3. A differential diagnosis of this fever is almost impossible, in the majority of cases, without the aid of the microscope and the serum test.—*The American Journal of the Medical Sciences*, Jan., 1903.

William F. Baker, A.M., M.D.

SOME EXPERIMENTS AS TO THE BEST MANNER OF ADMINISTERING ASPIRIN.—(Hill.)—During the past three years aspirin, or acetyl-salicylic acid, has been rapidly coming to the front as a substitute for salicylate of sodium in the many conditions in which that drug is so commonly employed, and some suggestions in regard to its manner of administration based upon practical investigations will no doubt prove of general interest. Aspirin differs from salicylate of sodium in being insoluble in water and in being affected by heat and moisture. It is also incompatible with alkalies. For these reasons it is best administered in powders, with or without admixture of sugar—its pleasant taste adapting it for this mode of administration—or in capsules. A series of experiments have been conducted which show that, when placed in capsules and protected from moisture, aspirin will remain undecomposed indefinitely.

From the experiments, which were carefully conducted, it can be seen that there was practically no difference in the rate of absorption whether aspirin was given in powder form or in capsules, the period of time between the ingestion of the drug and the appearance of the salicylic acid reaction in the urine not varying more than three to five minutes. It would thus seem that the use of aspirin in capsules is an efficient and convenient method of administering this drug.—*Therapeutic Gazette*, Dec. 15, 1902.

William F. Baker, A.M., M.D.



ON THE TREATMENT OF GLYCOSURIA AND DIABETES MELLITUS WITH ASPIRIN.—(Williamson.)—Aspirin is a salicylated compound (acetyl-salicylic acid) which is stated to be decomposed only when it reaches the small intestine, and is said to produce none of the toxic symptoms that are said to be caused by sodium salicylate. Its use was suggested in diabetes, and was followed by fairly good results. In the cases, the excretion of sugar was observed very carefully, but in many definite information is wanting.

In the 11 cases which were closely observed, the results were as follows : (a) in 4 severe cases of diabetes the drug did not produce any decided results on the sugar excretion ; (b) in 3 cases of chronic glycosuria the sugar excretion ceased when aspirin was administered, the diet being kept unchanged ; (c) in 4 cases of milder type the sugar appeared to be diminished.

Many cases are unsuitable either on account of complication or because of the severity of the disease itself, or because the glycosuria is intermittent.—*British Medical Journal*, Dec. 27, 1902.

William F. Baker, A.M., M.D.

ALBUMINOUS EXPECTORATION FOLLOWING THORACENTESIS—WITH REPORT OF A CASE.—(Allen.)—This condition is one of the rarest complications of pleuritic effusion. In the case reported, towards the close of the third attempt at aspiration the patient began to complain of shortness of breath. After about half an hour there began severe paroxysms of coughing, each being followed by a profuse expectoration of serous, frothy sputum. The total amount was approximately one liter.

The fluid was very frothy, pale green in color, and gave abundant albumin, precipitation of albumin. Microscopically, it contained large numbers of bacteria, flat epithelial cells, red blood-cells and polynuclear leucocytes.

There are three forms of this condition : (a) mild, (b) severe, (c) grave form, the names representing the conditions.

Four main theories have been advanced to explain the phenomenon of albuminous expectoration :

1. Perforation of the lungs by the trocar.
2. Spontaneous perforation of the lung.
3. Reabsorption of the fluid remaining after thoracentesis.
4. Acute œdema of the lung.

1. *Perforation* of the lung by the trocar and discharge of the pleural fluid through the lung. The supporters of this theory lay especial stress on the similarity between the expectoration and the pleural fluid. But, though having considerable resemblance to one another, in many cases they are quite different ; the pleural fluid is often hæmorrhagic, while it is the exception for blood to occur in the expectoration.

Prodhomme relates a case in which 2000 c.c. of pus were aspirated from the pleural cavity, followed by characteristic albuminous expectoration. Other objections to this theory are that :

- (a) No perforation of the lung has ever been found post-mortem.
- (b) The danger of wounding the lung in tapping a large effusion is practically *nil*.

(c) Finally, if due to a perforation, the expectoration should begin at once, and not, as is usually the case, after an interval.

2. *Spontaneous* perforation of the lung. Although spontaneous perfora-

tion of the lung in serous effusion does occasionally occur, it is an exceedingly rare event; much less common than in empyema. If the fluid escaped through a perforation, pneumothorax should result, and all are agreed that this is very unusual. Finally, the quantity of expectorated fluid is often much larger than can be accounted for by this theory.

3. *Reabsorption* of the fluid remaining after thoracentesis and its discharge through the pulmonary vesicles and bronchi. The chief argument against this view is that it is contrary to the teachings of physiology. The natural pathway for the absorbed fluid would be into the lymphatics, and thence into general circulation; and however rapid this process might be, it would not be accompanied by exudation into the bronchi. Furthermore, in pleurisy with thickening of the membranes, the absorptive power is greatly reduced.

4. *Acute Œdema of the Lung*.—This is the view that was advanced by Pinault in 1853, who described the first cases, and is the one that is accepted to-day by most observers. The physical signs observed during life, as well as the post-mortem findings, support it. The exact mechanism by which the œdema is produced is still an unsettled matter. Johnson thinks that while the lung is compressed by the effusion and its circulation is sluggish, coagula form in the minute vessels, especially the veins. As the effusion is removed, the amount of blood flowing to the lung is increased, but, owing to the obstruction offered by the coagula in the veins, there results a passive engorgement of the capillaries and a consequent transudation of serous fluid into the air-cells.—*Johns Hopkins Hospital Bulletin*, Jan., 1903.

William F. Baker, A.M., M.D.

STRANGULATION OF THE VERMIFORM APPENDIX IN THE RIGHT FEMORAL RING.—Rake, of England, reports a case with the following history and data. A woman, 53 years of age, complained of an intensely painful swelling in the right groin. She had been conscious for years of a small swelling about the size of a hazel-nut in the region of the right saphenous opening, which enlarged when straining at stool and then gradually decreased in size when at rest, but never entirely disappearing. When examined, the lump was very painful and inflamed, nausea and faintness had set in, confining her to bed. The right thigh was flexed on the abdomen; no actual vomiting, but the nausea almost constant; furred tongue, and a worn, pale expression of face. The temperature was 105 degrees. The tumor was about an inch and a half long by an inch in diameter, lying internal to the vessels, on the adductor longus. The skin was closely adherent to the tumor at one spot and œdematous, appearing as if an abscess were pointing in that location. On tracing the swelling above Poupart's ligament, there was a sense of fullness and some fluctuation, associated with great pain upon the slightest pressure. There was no absolute intestinal obstruction. Notwithstanding careful treatment, the symptoms became more severe, pain increased, as also did nausea. There was at this time made out a more distinct sense of fluctuation. The swelling was incised under cocaine; thick, grumous, very fetid pus gushed out, followed by currant and raspberry seeds. On inquiring, it was found that this fruit was last partaken of six weeks prior to the operation. The wound was drained. On the sixth day subsequent, a sloughing mass which presented in the cavity was cut away, and after removal was recognized as the vermiform appendix. On pressure above Poupart's ligament, it was possible to

squeeze out the contents of the bowels through a pin-hole opening in the gut. The patient gradually improved, the faecal discharge subsiding and the wound soundly healing.—*Annals of Surgery*, December, 1902.

Bernard E. Bigler, M.D.

INFECTIVE ARTHRITIS.—*Prognosis and Treatment of the Varieties of Infective Arthritis*.—Marsh (England).—In the transient variety of synovitis attended with limited effusion, the prognosis is favorable. Suitable splint and warm fomentations will be the only treatment necessary. In the variety in which the joint cavities contain fluid, the treatment called for is clear—the fluid must be removed at once and the joint freely irrigated with a carbolic lotion or a mercurial solution. The plastic form has a prognosis distinctly unfavorable. The arthritis tends to extend over a considerable period. The amount of new fibrous tissue developed may be so great both between the articular surfaces and in the peri-articular tissue that the joint is converted into a massive scar, forming a firm, fibrous ankylosis, which may subsequently become bony. The best treatment in this form is to keep the joint for a time in complete rest. In the slighter forms of this type, manipulation may be successfully resorted to; but when inflammation is severe or prolonged, movement is practically impossible on account of the cicatricial tissue in the joint. It also irritates and promotes formation of scar-tissue. In the last variety, where the arthritis is but one of the manifestations of a general septicæmia, the prognosis is highly unfavorable. The joint may be freely opened at once and irrigated; then repair might take place, sometimes with ankylosis and sometimes with restoration of movement.—*The Lancet*, December 13th, 1902.

Bernard E. Bigler, M.D.

SARCOMA OF THE THIRD CERVICAL SEGMENT; OPERATION; REMOVAL; CONTINUED IMPROVEMENT.—Drs. Putnam, Krauss, and Park, of Buffalo, N. Y., report a case of sarcoma of the third cervical segment. The patient was a man 45 years of age, with excellent family history and a negative personal history. When first seen, he complained of sudden, sharp attacks of pain, beginning in the back of the neck, radiating around it and up the occiput. These pains would continue for from two to five minutes, during which time the pain was so intense that he often was obliged to grasp some firm object to support himself, and becoming so severe at times as to cause him to cry out. On two occasions prior to his examination he lost consciousness, and would frequently have dizzy attacks. The intervals of freedom from pain at first were often a week in length, but gradually shortened, until the attacks occurred daily. He suffered from constipation and had difficulty in fully emptying his bladder. Some months following he became conscious of a numbness in his left hand, later associated with weakness of the muscles of that hand and arm. Subsequently the right side was similarly affected. Two months later he felt the same numbness and weakness in his legs. Reflexes of flexors and extensors of the forearm and biceps were very much exaggerated. Reflexes of abdominal muscles and cremasteric reflex exaggerated; knee-jerks and ankle clonus and patellar clonus were very marked. Babinski reflex present. There was no control over the bowels and bladder. The only trophic disturbance was a large bed sore over the sacrum. Total loss of sensation was present from the clavicle down and entire loss of motion in the



muscles of the left arm and leg. No contracture or muscular rigidity was observed. A slight diminution in size of the left pupil was the only ocular disturbance. The diagnosis of spinal cord tumor of the third cervical segment was made, and operation advised.

*Operation.*—Incision extended superficially from the hair line to the vertebræ prominens, the soft structures separated on either side from the posterior vertebral surfaces, and the arches of the third, fourth and fifth vertebræ were then divided, the severed portions lifted and completely removed, exposing the spinal dura for more than four centimeters. The membrane appeared somewhat dark in color and distended. Upon opening this membrane a jet of cerebro-spinal fluid shot forth. Within a few seconds after the escape of the fluid his respirations became more full and strong, increasing from eight to eighteen per minute. The dural opening was then enlarged, exposing a small, reddish tumor, in length about two c.m., its diameter a little greater than that of a lead pencil, originating apparently from the pia-arachnoid. Its location was somewhat to the right of the middle line, exerting the most distinct pressure upon the posterior column of the right half of the cord. After its removal entire, the membrane was sutured with catgut and the wound closed, no drain being made use of. A microscopic examination showed the growth to be a sarcoma of the round-cell type. There was an uninterrupted surgical recovery. During the ten weeks subsequent, motion returned to all the muscles of the right arm and leg, sensation had returned to the left side, but not to the right. The muscles were still without voluntary motion, so that the patient had the symptoms of Brown-Sequard paralysis. The reflexes were still exaggerated and the urine still passed involuntarily. He had no paroxysms of pain after the operation.—*The American Journal of Medical Sciences*, January, 1903.

Bernard E. Bigler, M.D.

**SYPHILIS OF THE OPTIC NERVE AND RETINA.**—During the year the author followed the changes in retina and optic nerve of two cases of syphilitic retinitis and two of primary optic neuritis. In the retinal cases the vessel walls bore the brunt of the attack. Some arteries showed patches suggestive of a serpent's skin, and some a fine gray line in the track of the vessel, beyond which the artery regained its color and size.

It is reasonable to suppose that similar changes also occur in vessels too small to be seen with an ophthalmoscope, leading ultimately to atrophy of the optic nerve and retina.

The mottled vessels seem to be the earlier stage, and the gray line of almost obliterated vessel the second stage of the syphilitic changes.

In one of the cases of primary optic neuritis, infection fifteen months previously,  $V = \frac{1}{100}$ , field concentrically contracted, retinal vessels not involved, low diet, baths and constitutional treatment restored the field and visual acuteness. Concentric contraction of the field occurs in primary optic neuritis; in neuritis descendens there is central scotoma.

There is no good reason why there should not be a true primary optic neuritis; the optic nerve is subject to primary disease, just as other nerves are.—Dr. Thomas M. Stewart, *Hom. Eye, Ear and Throat Journal*.

William Spencer, M.D.

THE FIRST CATARACT PRODUCED IN MAN BY NAPHTHALIN.—A robust pharmacist, aged 36, with normal eyesight, was given, for symptoms of enteritis, 5 gm. naphthalin in 200 gm. castor oil in thirteen hours, at one-hour intervals. He awoke the next morning with pain in the bladder, and found that he could hardly see. By the ninth hour he could only count fingers at four feet, on account of perinuclear cloudiness of both lenses—the first phase of zonular cataract—which was unchanged when the article was published.—*Ophth. Record*.

William Spencer, M.D.

SOME ALTERATIONS OF THE FOVEA CENTRALIS IN MYOPIA.—Galezowski, of Paris, tells us that, in certain ocular affections, special regions are affected even before the ophthalmoscope reveals their existence. Most prominent among these, he has found, are the changes in the macular choroid in myopia.

These consist of minute points of exudation and atrophy, which, on account of the central corneal reflex, are particularly difficult to see.

To obviate this, the author has employed a three-degree strength-prism, and has thus discovered macular changes in cases that otherwise only show the visual signs of asthenopia. He finds that the macular changes bear no relation to the amount of myopia, and reports a case in which there was hypermetropic astigmatism in the left eye, and low myopia, with macular changes, in the right. Lenses were prescribed, and treatment for an existing arthritis, which was the supposed cause of the macular changes, was given.

The choroidal changes in the macula, he thinks, have a complex significance, and arise, in part, from distention and rupture of the vessels from stretching of the ocular coats, giving rise to hæmorrhages and fibrinoplastic exudation. These lesions, he believes, acquire a double significance from the ease with which the neighboring coats of the retina are involved. A derivative treatment, combined with a collyrium which will produce vascular contraction, is most important. Of these types of therapeutic agents, adrenalin and hamamelis are the best. The latter is employed in a 5 per cent. aqueous solution, which is instilled twice daily. Hot and cold compresses, applied to the closed lids morning and evening, for an hour at a time, are also helpful.—*Recueil d'Ophtalmologie*.

William Spencer, M.D.

THE TREATMENT OF PANNUS BY PERICORNEAL AND SUPRACORNEAL ELECTROLYSIS.—Lor, of Brussels, says that two classes of this type of cases present themselves to the physician. One in which the pannus is accompanied with a fully developed conjunctival trachoma, and a second, in which it is the only lesion—the conjunctival process having passed into the cicatricial stage. In the first class the conjunctival and corneal affections can be treated at the same sitting. The patient being anæsthetized, the conjunctival granulations are destroyed by unipolar electrolysis. The cornea is treated as follows: The positive pole being applied to the corresponding cheek, a two to three milliampère current is applied, by means of a De Wecker electrolysis brush, to the whole length of the corneal limbus. By this means the pericorneal structures are destroyed down to the episclera in a zone of three to four millimeters in width. The brush is then lightly applied over the whole cornea some two or three times until the vessels in the superficial cornea layers are reached. After irrigation and the introduction of a little vaseline

between the lids, a simple dressing is applied. The after-results of the operation are undisturbing, the patient being able to open his eyelids on the following day. The author prefers electrolysis to jequirity in such cases, as he has found it more certain, more easily graduated, and better controlled in its application.—*Annals d' Oculistique*.

William Spencer, M.D.

A NEW SIGN IN PERFORATIVE PERITONITIS FROM GASTRIC ULCER.—Dr. F. Weber, of St. Petersburg, observed the case of a peasant of 42 years who, previously well, was seized with the signs of a perforative peritonitis which, at operation, were found to be due to an ulcer near the pylorus which had ruptured into the peritoneal cavity. Adhesions had formed which had limited effusion of the gastric contents. On examining the patient he noticed that the vocal fremitus was distinctly audible from the symphysis pubis up to the attachment of the diaphragm and being particularly distinct in the epigastrium. The area of liver-dulness was not to be made out on account of the great distention of the abdomen. This physical peculiarity could only be explained by the existence of gas in the free peritoneal cavity which was noticed at the time of the operation. He thinks that this sign may be of value in exceptional cases where the symptoms develop slowly after perforation and the patient is up and about for a day or longer after, and again in those cases where there are no adhesions in the abdominal organs. In his article he also asserts that jejunostomy after Maydl's method would give better results in perforating gastric ulcer for by suturing the distal end in the abdominal wound while the proximal end is sewed in the distal end about twenty cms. below the skin fistula. The patient unfortunately died, as the sutures gave way, he being obliged to feed him early by the mouth, as rectal feeding was not a success. The ulcer was found to have begun to undergo carcinomatous degeneration.—*Berliner Medicinische Wochenschrift*, No. 1, 1903.

Frank H. Pritchard, M.D.

QUININE IN MALARIA.—Dr. Edward H. Read, of Lagos, West Africa, in the administration of quinine as a preventive of malaria gives this drug every five days, in doses of one gm. for men and one-half a gm. for women. Children receive 0.03–0.12 every third day. He does not regard pregnancy as a contraindication to its use, for with any ordinary degree of fever the danger of abortion is greater than from the drug itself. He would only administer half the dose to a woman. He mentions a case where a child of one year took 0.2 for several months without any untoward results. He quotes a Dr. Tertius who had a number of plantation laborers under his care who suffered a great deal from different forms of malaria, and whose malaria disappeared as if by magic when they received one gm. of quinine every Saturday and Sunday.—*Berliner Klinische Wochenschrift*, No. 1, 1903.

Frank H. Pritchard, M.D.

VENEREAL DISEASES IN TROPICAL COUNTRIES.—Dr. B. Scheube in an interesting article asserts that syphilis was very rare until the revolution of 1821. Its course seems to present no peculiarities; at the time of the Turkish invasion it was noted in places in a quite severe and even malignant form. Tabes is rare. Progressive paralysis is becoming more frequent with the spread of the disease.

Syphilis seems to have first made its appearance after the introduction of



compulsory military service and the breaking up of the old guard of Janisaries; severe late forms are said to be often seen, but real malignant ones are rare. Syphilis insontium is strikingly frequent, but tabes and paralysis are very seldom seen. All this is especially true of Asiatic Turkey. Syphilis is often noticed in Arabia, Persia, and in the highlands north and northeast of India, if reports be true. Fifteen per cent. of the English army are affected by syphilis each year who contract their disease chiefly from the lowest castes. It has been found to be spread over the whole of the southern and eastern parts of Asia without presenting any peculiarities. There is one fact worthy of mention, that amongst all uncultured nations and races the affections of the nervous system, and especially the late ones, or which appear under the types of tabes and paralyses, are very rare. The same holds true of syphilitic arteriosclerosis; soft chancre is rare and gonorrhœa seen everywhere. In Upper Tokin and in certain parts of the Dutch East Indies, syphilis is said to be wholly absent from certain districts.

In Japan, syphilis is relatively frequent. Phagadenic forms are often seen and tertiary symptoms set in early. Tabes and dementia are rare. Arterial diseases are frequently noted. Both syphilis and gonorrhœa, if acquired by Europeans in Eastern Asia, run a severe course. It is said that if a European becomes syphilitic in Algiers he suffers more from a severer form than if at home. Syphilis is widespread among the Kabyles and the Arabs. Extra-genital infection is favored by the tendency to pæderasty. The other countries of the Mediterranean, as well as Abyssinia and the Soudan, are about the same as Algiers. Tabes and paralysis are very infrequent or wholly unknown. The same is true of East Africa as far inland as Uganda. On the middle and the upper Zambesi syphilis is rare. The whole of South Africa is full of the disease, and probably from foreign immigration; at least, the Bechuanas were free from the disease during Livingstone's time. This is not true with regard to the European population in certain regions of the Congo region, where syphilis was widespread at the advent of the Europeans. In the Gulf of Guinea the Cameroons, at least at present, seem to be an exception, for syphilis is very rare there, but gonorrhœa is the more spread, far and wide. The Togo region is about the same. Syphilis is frequent on the Gold Coast, Senegambia, in the Canary Islands and Madeira; the islands of the East Coast, as Madagascar, Comoren, Reunion, etc., also present a great deal of syphilis. In Australia, syphilis is only moderately prevalent, while gonorrhœa is frequent. Venereal diseases are said to be wholly wanting amongst the Papuans, whose women are wholly entirely forbidden to commingle with Europeans. In the islands of the Pacific ocean these diseases vary in frequency; they were introduced by sailors during the seventeenth and eighteenth centuries. Tabes and paralysis are very infrequent or wholly absent. In America, in California, and Mexico, syphilis is general and in a form which is very severe from foreigners. In Nicaragua seventy per cent. of the male, and fifty per cent. of the female population; the disease, as a rule, on account of the general syphilization of the whole people, usually runs a mild course.

The Indian forest tribes are free from the disease. In the West Indies and in the whole of South America syphilis, as well as gonorrhœa, is widespread. Only the Indians in the primeval forests of the interior have been spared. Negroes are not so severely nor so often attacked, though authorities

differ on this point. Hereditary syphilis is often met with; tabes and paralysis are rare, while arterial diseases are frequent. He is inclined to look on frambœsia as a form of the syphilis. At least there is not much difference between the course of the two diseases. The negro race appears to be resistant to syphilis everywhere. It is worthy of note that both tabes and paralysis are very rare in all semi-civilized countries, while arterial diseases and aneurysms are much more frequent. Gonorrhœa is, of all venereal diseases, the most widespread.—*Archiv fuer Schiffs und-Tropenhygiene*, Nos. 5-7, 1903, *Berliner Klinische Wochenschrift*, No. 1, 1903. (Dr. Quennec, in an instructive article in the same journal on syphilis in tropical Africa, asserts that among the inhabitants of the right shore of Senegal the secondary symptoms of syphilis wholly fail to appear, and only when the tertiary symptoms break forth is the bearer of a chancre able to know that his suspicions are confirmed. The negroes seem to suffer but little and their women abort but seldom. The Moors understand the action of mercury and employ large doses of corrosive sublimate. On the left bank of the Senegal, among the negro tribes who are but little related to those of the opposite shore, the Moors, syphilis is rare. It is treated with baths and massage. Intercourse with the opposite sex is forbidden until a cure has been effected. The writer asserts that the disease is only transmitted during the period of the primary sore, which, with the inguinal adenopathy, constitutes the entire disease. The lesser inclination of the black race to be affected by the disease he attributes to the greater vitality of the black race. From East Africa, with its hell-holes, especially Port Said, Cochin-China and Reunion are infected. In Madagascar and Comoren the Arabs and Hindus react like Europeans to the disease. The negro race is less sensitive and the disease milder when they have syphilis. The Sakalavas are not inclined to employ mercury. Reunion and Cochin-China are horrible nests for syphilis. Here both the disease and its remedy, mercury, were introduced by Europeans. The syphilis which Europeans, and especially half-breeds, acquire there is particularly malignant.

Frank H. Pritchard, M.D.

A PECULIAR EPIDEMIC DISEASE PROBABLY DUE TO AN INFECTION FROM MILK.—Dr. W. H. B. Brook reported before the Clinical Society of London on a peculiar disease which ran an epidemic course in the city of Lincoln, England. It first made its appearance at the beginning of May with inflammation of the fauces, œdema of the fauces and uvula, and at times associated with a grayish membrane on the tonsils. In two-thirds of the cases on the second day a dark, measles-like eruption appeared, which persisted from a few hours to a week, with an inclination to relapse even on to the sixth week. Except in complications the fever was not high, and seldom exceeded 39. The pulse was not increased in frequency in proportion to the fever. Albuminuria was noticed only twice. Although seventy-five cases were observed by the three brother physicians within three days, only a single case of transmission to others was seen. In nearly every case the patient was an adult, even rather elderly. The most frequent complication was a swelling and painfulness of the cervical lymph-glands. This usually was noticed about the fourth day, though it might be observed during convalescence, and it was generally accompanied by high fever. Possibly errors of diet, as a too early return to meat diet, were the cause. Quite frequently affections of the muscles

and joints were seen, and in one case there was a fatal complication of septic phlebitis. Milk was probably the carrier of the disease. Dr. Klein was able to isolate a specific bacillus from the fauces of many of the patients. The treatment consisted of rest in bed, milk-diet; at the beginning calomel and a saline laxative, later salicylates and quinine. Local applications of solutions of argentic nitrate were very agreeable and had a soothing effect in the faucial inflammation. A solution of salicylic acid, carbolic acid and borax was also employed as a gargle.

Dr. Goodall had observed a similar epidemic in London several years previously which he had attributed to the milk. The disease had no apparent connection with scarlet fever.

Dr. Saville in 1891 had gone through a similar but much more fatal epidemic which had a mortality of 12 per cent. in the north of London. He thought it very probable that milk was the medium through which the malady was carried.

Dr. Brook added that Koplik's spots were sought for in the mouth but none could be detected. There was suppuration of the cervical glands in only one case. There was only one case of otorrhœa, and that with the cocci of erysipelas in the discharge. The germs in the milk could be destroyed by boiling. Injections of antistreptococcic-serum proved to be more efficacious than any other remedy. In one case its action was very striking; in half an hour after its injection of two cems. the fever fell. Scarlet fever, of all diseases, could be excluded.—*Muenchener Medicinische Wochenschrift*, No. 52, 1902.

Frank H. Pritchard, M.D.

DISEASES OF THE PANCREAS.—(Deaver.)—After thoroughly discussing the anatomy of the organ he goes into the analysis and composition of the pancreatic juice, and in describing it he says: "The secretion is a clear alkaline one with a specific gravity of 10.30 and contains 4 ferments, viz.: trypsin, amylpsin, steapsin, and a milk-curdling ferment. Steapsin is the fat splitting ferment and is frequently a factor in fat necrosis. By fat necrosis is meant the action of the pancreatic juice on the surrounding fat areas and splitting them up into fatty acids and glycerin." In experimental work fat necrosis has been caused by ligating the pancreatic duct and stimulating the pancreas by means of pilocarpine. Other observers have observed fat necrosis in the pericardial fat.

1. *Injury*.—Injury to pancreas is rare on account of its protected position, but when it does occur it is attended with collapse, pain in epigastrium associated with shock. Hæmorrhage is rare, but cysts following traumatism are quite common.

Chronic pancreatitis is quite a frequent outcome also of traumatism.

2. *Inflammations* may be divided into three classes: (a) acute; (b) sub-acute; (c) chronic. The acute variety is usually a disease of middle life, in high livers, free users of alcohol, and with tendencies towards corpulency. There may be associated gastro-duodenal catarrh with extension into the duct. Biliary and pancreatic calculi are sometimes found.

The symptoms of the acute variety are colicky pain in the epigastrium, prostration, nausea, and vomiting. Constipation is the usual condition of the bowels.

Examination of the epigastrium reveals a tender swelling which is tympanitic.



Collapse may follow on these symptoms and be associated with a tender abdomen, small, weak pulse, and temperature elevation. Delirium and death may follow.

The differential diagnosis lies between gastro-duodenal ulcer, cholecystitis, and acute ptomaine poisoning.

Suppurative and gangrenous pancreatitis are more serious conditions, and are accompanied with a "tender mass in the epigastrium."

The chronic form is slow in onset and gradual in its development. One inch above and one inch to right will be found the point of greatest tenderness. There is also present abdominal rigidity, and diarrhœa. Asthenia is a common condition associated with this disease.

3. Cysts of the pancreas are classified :

*Etiology*.—Traumatic, post-inflammatory, idiopathic.

*Anatomically*.—Retention, proliferating, hydatid, congenital, hæmorrhagic, pseudo-cysts.

Retention-cysts are due to plugging up of main duct. Symptoms are dependent upon the amount of pressure exerted. Pain, vomiting, constipation, jaundice, loss of flesh, sugar in urine, and fat in the stools.

4. *New Growths*.—Carcinoma, sarcoma, adenoma, lymphoma, and syphilitic.

The symptoms are those of obstruction ; cachexia, emaciation, palpable tumor.

However important disease of pancreas may be there are two conditions which must be recognized in order that proper operative measures may be instituted and the patient relieved, and these are : (a) common duct obstruction ; (b) interstitial pancreatitis.—*The American Journal of the Medical Sciences*, February, 1903.

William F. Baker, A.M., M.D.

THE PATHOLOGY OF LABIAL AND NASAL HERPES AND OF HERPES OF THE BODY OCCURRING IN ACUTE CROUPOUS PNEUMONIA, AND THEIR RELATION TO THE SO-CALLED HERPES ZOSTER.—(Howard.)—The conclusions are :

1. Herpes zoster is a pathological condition, like pneumonia, for instance, with definite lesions of certain sensory ganglia, sensory nerves and the skin, capable of being excited by a variety of causes. It is probable that the primary ganglionic lesions are commonly due directly or indirectly to the soluble toxins of various micro-organisms. The skin lesions may be on the head, neck, trunk or extremities corresponding to the Gasserian or posterior root-ganglia affected.

2. Various forms may be distinguished : (a) Spontaneous or primary herpes, thought by Head and Carpenter and others to be a specific infectious disease, the specific causal agent of which has a special affinity for certain sensory ganglia (posterior spinal and Gasserian). (b) Herpes occurring after certain definite toxic agents, as arsenic and carbonic oxide gas. (c) Herpes occurring in the course of certain acute infectious diseases. (d) Herpes simplex, so-called, affecting the lips and nose in coryza, gastro-intestinal intoxication, and the genitals (herpes genitalia), has not been sufficiently investigated to be classified. No evidence exists for or against its connection with the nervous system.

3. As far as the changes in the skin in herpes are concerned, they are illustrations of particular forms of necrosis and inflammatory reaction, and, as in similar lesions in other organs, can probably be excited in a variety of ways.

4. Herpes should be classified according to its relation to changes in the nervous system, and to this end every possible opportunity should be embraced for extending our knowledge in this direction.—*The American Journal of the Medical Sciences*, Feb., 1903.

William F. Baker, A.M., M.D.

EXPERIMENTAL STUDY OF LITHIUM.—(Good.)—The conclusions reached are :

1. Lithium is excreted in the saliva into the stomach and bowel and in the urine. The greater amount is excreted in the urine, though more appears in the stomach and bowels when nausea, vomiting and diarrhœa have been profuse. It can usually be demonstrated in the secretions within ten minutes after a hypodermic injection, although its excretion proceeds slowly, for I have found it in secretions twenty-three days after the injections were stopped.

2. Lithium salts given to animals hypodermatically or by the stomach cause sooner or later fatal gastro-enteritis. This inflammation is undoubtedly produced by the secretion of the metal through the bowel wall.

3. Lithium salts do not possess any diuretic action that cannot be accounted for by their salt action. They render the urine alkaline, and thus act like other alkalies.

4. Lithium carbonate in 15- to 20-grain doses and lithia tablets have been known to cause gastro-intestinal symptoms in man.

5. Dilute solutions of lithium salts are not solvents for uric acid or urates.—*The American Journal of the Medical Sciences*, Feb., 1903.

William F. Baker, A.M., M.D.

HINTS IN THE EDUCATION OF CHILDREN, BASED UPON THE ANATOMY AND PHYSIOLOGY OF THE NERVOUS SYSTEM.—Dr. Wm. H. Bigler applies the data obtained from a study of the workings of the nervous system in children, both from the standpoint of psychology and physiology, to a practical conception of the principles of education and training in the young. He starts out with the acceptance of an ego—a something in us which is apart from the material physical body, itself not material, not confined or restricted to any portion of our anatomical frame, but of the essential nature of which we are and at present must remain ignorant, owing to the solely material means at our command for acquiring knowledge.

Secondly, although this ego is a distinct individuality, still it can only act, through the instrumentality of the material body, upon the integrity and normal constitution of which it is dependent for perfectly manifesting itself. Dr. Bigler remarks, in speaking of the soul of a Mozart or of a Beethoven expressing itself through the medium of the body of the musician and the poor little tinkling spinet or harpsichord, "How different would have been the expression of the same ideas of the same soul through a Steinway or a Chickering Grand!"

Dr. Bigler calls attention to the gradual development of the nervous system and its imperfect state during foetal life and early infancy. The neuroblasts—the origin of the nerve-cells in early life—are migratory before their branches have been formed. Hence the perfection with which they arrange themselves

in the adult system may be largely influenced by the conditions attending their development. A misplacement of the neuroxons of the nerve-cells creates a confusion in the workings of the nervous system; this is seen in congenital idiocy. Education of the child must begin before its birth, as environment may exert a decided influence upon the fœtus; in fact, heredity may become subordinate to environment. When traits of the parents are such as it is desirable to have perpetuated—both mental and physical—we must seek to keep the pregnant mother surrounded by the same conditions and influences as those to which she has been accustomed. When, however, this is not the case, much can be done toward modifying favorably the development of the fœtus by changing the environment.

A healthy nervous system is built up by regulating and graduating the stimuli which are allowed to reach the growing child, so as to call forth only the normal response. The principle must be applied to the daily life and surroundings of the infant and of the child—the choice of its toys, playmates, books, etc.

Training and hereditary traits are strongly evidenced in many actions. The child that has been taught to respond to impressions of beauty will not be impressed with the degenerate art and drama of the present day. The child of the man of peace will instinctively seek to ward off a blow, while the child of a prize-fighter will just as instinctively seek to return the same.

Mere knowledge is not education. Knowledge depends upon concentrated repetition, while education depends upon diffusion within the central system, not dependent upon fixed paths of response. It implies reason.

General stimulation is the point to be gained. When carried out without special regard to the retaining of impressions, combined with specialized training of the retaining and recalling faculties, by concentration and repetition we obtain knowledge with general culture and good reasoning powers—the brightest type of true education.—*Cleveland Med. and Surg. Reporter*, January, 1903.  
C. Sigmund Raue, M.D.

FORMALIN IN SEPTICÆMIA.—The patient was admitted to Bellevue Hospital on December 25th, and had given birth to a child eight days before. When admitted, she had a temperature of over 104 degrees, and within twenty-four hours this had risen to over 107 degrees. A bacteriological examination of the blood confirmed the diagnosis of blood-poisoning, and, in fact, the case was looked upon as hopeless. Dr. Barrows, the assistant to Dr. Polk in the obstetrical ward, then asked if he might try an injection of formalin solution, and, upon the request being granted, made an intravenous injection of 500 cubic centimeters of a solution of 1 to 5000 of formalin into the woman's right arm. The effect of this treatment appears to have been magical. Soon after the injection the temperature began to fall, and by the next day was 101 degrees. On the second and third days after the injection, however, the temperature began to rise again; and a bacteriological examination showing that the blood still contained streptococci, formalin solution was injected a second time, but into the veins of the left arm, the quantity being increased to 750 cubic centimeters, when the temperature fell, and the pulse dropped to normal within a few hours.—*Medical Record*, January 24, 1903.

Since the publication of the above, further investigation in the laboratory has seemed to show that the intravenous injection of formalin is more harmful than beneficial, though apparent relief is not infrequently observed as a primary result.

George R. Southwick, M.D.



## MONTHLY RETROSPECT

### OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

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CONDUCTED BY O. S. HAINES, M.D.,

with the collaboration in German literature of C. Sigmund Raue, M.D.,  
and in French literature of Charles Platt, M.D.

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WHAT WE NEED IN MATERIA MEDICA TO-DAY.—Dr. M. W. Van Denburg's name beneath the title of a paper means that the paper is good to read twice—and think over. In this essay, published this time in February *N. A. Journal*, he expresses himself in very positive language as believing that neither this generation nor the next will reap much benefit from the re-proving of drugs. We have had an idea in our minds for some time that neither this nor the next generation would re-prove the materia medica to any alarming extent. Those who have been postponing the study of materia medica in anticipation of the speedy publication of a corrected and thoroughly up-to-date edition might as well get to work in the line suggested by Dr. Van Denburg. He evidently believes that there is enough paying gold in the ore that has been already gotten out to repay a thorough sifting before more is mined. He thinks we should all devote our present energies to *symptom confirmation*. The basis of drug-cure in the future is just as certain to be the conclusions drawn from the physiological action of the drug, compared with its curative action, as any scientific deduction that can be named. Drugs will cure, if cure be possible, when administered in small doses according to the law or rule of similars. Now, what we ought to do to-day is not again to demonstrate physiological action, but to *sift* the alleged physiological effects at the bedside. The Materia Medica is already too large for most of us to handle successfully. The one reliable test of the value of these symptoms is the clinical test, the empirical proof. It is this bedside experience, so valuable to every worker, of which we are so prodigal and wasteful. To gather all these reliable experiences into one safe book-storehouse is the real business of present-day drug therapeutics. Just imagine a pathogenesis arranged as confirmed by fifty co-workers. We mean workers, not thinkers; for it does not matter what fifty men "think" of a symptom unless their thinks have been based upon what they know and have found out by work. And the only difficulty standing in the way of the consummation of this splendid plan of work is expressed in the very last sentence of Dr. Van Denburg's paper—"How shall we rouse an interest in this work, befitting its importance?" This is a puzzling inquiry—How shall we rouse the homœopathic profession? Does any one know the answer?

**NERVOUS COUGH.**—Dr. N. B. Delamater, in *Medical Visitor*, mentions an interesting case of nervous cough that will doubtless bring to mind, in others, many similar cases. In diagnosing a nervous cough one should first secure a careful chronological history. Sufficient evidence will, not infrequently, be found in this on which to base an opinion; but, more frequently not. The next step should be a careful inspection of the entire respiratory tract, not forgetting the nasal passages. The case was a thin, tall woman, who suffered from a very irritating spasmodic cough, coming on every evening and lasting well on into the night. Laughter, passion or physical exertion would bring on a paroxysm. During the attacks there was belching, and also attempts at vomiting. In looking up the indicated remedy, we must not omit to observe all the peculiarities of the patient. So, in this woman, it was found that she had an irritable disposition, a tendency to feel generally ill about noon. She suffered from vertigo when she entered a warm room from the open air. She felt the need of much covering when in bed. When dropping off to sleep, spasmodic jerkings caused her to awaken frequently. The physician found that argentum nitricum suited her perfectly. He gave this in the 30th; and, although she had suffered from this cough for nearly two years, she was cured in less than ten days. She was also much improved in general health. Such cases as this strengthen one's belief in the efficacy of small doses of properly selected medicaments.

**CHRONIC ARTERITIS.**—Until a few years ago our text-books upon practice devoted very little attention to the diseases of the arteries. Now it is a recognized fact that two-thirds of the sick people, over fifty years of age, suffer from some form of chronic productive inflammation. This condition must be treated from the results of clinical experience, empirically, or by the law of *similia*. Experience has taught us that a temperate life, lived in the open air as much as possible, the avoidance of alcohol and rich food, plenty of pure water, close attention to the excretory organs, bowels, kidneys, skin, etc., all tend to favorably modify the trouble. Phosphorus may be administered with a considerable degree of success, especially as this remedy causes fatty degeneration, and there is generally such a degeneration taking place in the vessel walls. When the kidneys show an overgrowth of connective tissue, symptoms of chronic interstitial nephritis, plumbum should be considered. (We lack clinical testimony that would tend to substantiate the claims of this remedy.) If there is a clear history of syphilis, the iodide of potash should be given. (Even without such a history we sometimes can win success, in the way of alleviation, with this drug.) When the cerebral vessels are involved, the following remedies will be found useful: Belladonna, for its well-known indications. If these are very acute in character, glonoine may be preferable. Gelsemium, for a more passive congestion. Occipital pains and drawing in the nape of the neck. Trembling of the hands, weakness of the knees and legs. Drooping eyelids.

Baryta carb. is undoubtedly a useful remedy when the brain does not act as it should, and when the brain does not receive the proper nourishment. Loss of memory and marked signs of early senility are present. When angina pectoris is a prominent symptom of such cases, we may have to administer amyl nitrite by inhalation, or chloroform in the same manner. We may also relieve frequent attacks by glonoine in the 2x or 3x dilutions. In such cases,

where pain is a marked feature, we shall find spigelia useful. Cactus has been useful when the sense of constriction was marked. In advanced cases, when the heart weakens and compensation fails, shown by weak, irregular pulse, diffuse apex-beat, venous congestion of the tissues, viscera, mucous membranes and skin, with œdema of feet and ankles and scanty urine, we shall find digitalis, tincture or 1x dilution, quite indispensable. Convallaria maj. suits rather those cases in which the right side of the heart seems to be principally affected, and in which hypostatic congestion of the lungs is extreme. Strychnia sulph. suits the pulse that is regular, yet poor in quality. The nervous system is depressed, sluggish, and the heart lacks force.—C. A. Williams, M.D., *N. A. Jour. of Hom.*

HOMŒOPATHY IS AN IMPORTANT SPECIALTY.—And yet, homœopathy is actually suffering because, in itself a specialty,—and the most important specialty to be found in medicine,—its own field as a specialty is more and more neglected by the rising generation. Not that our colleges do not graduate a large enough number of men and women who rank, and will ever after rank, with the homœopaths. Not that our State and National Societies do not numerically prosper, or our hospitals and dispensaries fail to maintain a high standard of usefulness and excellency. But homœopathy is suffering because the faith delivered to us by the fathers is dying out; as, in this age of skepticism, all simple faiths are on the wane. Regardless of the splendid showing made in many directions by homœopaths, and in spite of the fact that the present age illustrates and exemplifies many phases of distinctly homœopathic teaching, with a measure of completeness which, fifty years ago, no sane man would have dared to anticipate, the single-minded, judicious, painstaking, plodding practitioner of homœopathic methods is surely out of fashion, if not out of favor among the so-called disciples of Hahnemann. The great bulk of the school are intellectually bewildered; do not know exactly where they stand, just what to believe, just what to expect, just what to do. And this bewilderment finds its most effective ally in the alleged wisdom of that veritable *ignis fatuus*: try all things, and hold fast to that which is good. The bulk of the schools are doing an immense amount of “trying” and “holding on,” and in the desperate effort to be “up-to-date” in every respect, many of us have not found time to digest, to assimilate, and to classify the facts which modern medicine has thrust upon the profession. This is the opinion of the *Pacific Coast Journal of Homœopathy*, and we are asked to remember, at the same time, that modern medicine, instead of destroying the foundations of homœopathy, is only knocking to pieces some of the trimmings at the gable of the superstructure; and really is, with might and main, strengthening our foundations by demonstrating the efficacy of the infinitesimal dose of the single remedy, of drug proving, and the superiority of clinical experience and of the symptoms (clinical history) of a disease over the isolated facts of bacteriology, or any other single scientific department of medicine.

THERAPEUTIC HINTS.—Dr. T. L. Shearer, in an interesting paper, remarks that occasionally he finds no other cause for the difficulty experienced by some patients in breathing through the nose save an unusual *dryness* of the mucous membranes. The cavities are spacious enough, but the mucous surfaces actually glisten with dryness. For the treatment of these cases he has



used, with much success, *natrum muriaticum* 6x trit. and *stieta pulmonaria* 3x dilution. If any signs of the formation of crusts are present, he prescribes *calcareia fluoricum* 6x. He particularly protests against the use of oily solutions of menthol, eucalyptol and thymol in such cases, maintaining that such medicaments rather increase the dry condition. He prefers a simple salt solution. Here is a good point: The author says that many an acute coryza seems to originate just back of the palate. The patient may be able to determine the beginning of his coryza by sensations of fullness and slight stiffness upon swallowing, just at this point. From this portion of the tract the inflammation spreads either forward, downward, or in both directions. He has found for this condition that *apocynum can.* 3x dilution on tablets, alternated with *chininum arsenicosum* 3x trit., was a remarkably satisfactory treatment. He also applies equal parts of eucalyptus (fluid extract) and glycerin to the surface back of the posterior pillar, pressing the medicated cotton against the posterior pharyngeal walls.—*Hom. E. E. and T. Journal.*

**THE TREATMENT OF BRONCHITIS IN RACHITIC CHILDREN.**—The following therapeutic indications for bronchitis in rachitic children are given in *Zeitschrift des Berliner Vereins Homöopathischer Aerzte*, Dec., 1902:

*Calcareia.*—The general type of the *calcareia* subject is body coldness; emaciation; free secretion of mucus; bronchial-gastric-intestinal catarrh due to malnutrition; hyperplasia of glandular structure. Sweat about the head and chest. Urine turbid, due to the presence of calcium phosphate. The following lime salts are useful:

*Calcareia acetica.*—Chronic diarrhœa. Meteorismus; swelling of the mesenteric glands. Catarrh of the bronchi.

*Calcareia arsenicosa.*—Emaciation; face wrinkled.

*Calcareia carb.*—Fat children; joints involved; hyperchlorhydria.

*Calcareia muriatica.*—Sweats about head and chest. Marked general weakness.

*Calcareia phos.*—The most important remedy of wonderful action, which manifests itself on the one side upon the joints, on the other, upon the respiratory tract. It often covers the entire case.

Intercurrent remedies are *silicea* (general prostration) and *phosphorus* (dry cough). Cod-liver oil is also useful.

**THE USE OF IRON IN DISEASE.**—The plaint of Dr. Duncan Macdougall, voiced in February *New England Medical Gazette*, will doubtless echo in the hearts of more than one young practitioner who finds himself in the plight which Dr. Macdougall laments. During the earlier years of his practice, the idea of finding the similimum so completely overshadowed all other considerations that the power of closely observing his patients, and reasoning from the symptoms they presented back to the causation and pathology of their symptoms, became very slight indeed. It seems as if the faculty of hunting printed pages for symptoms had taken the place of the proper faculties of observation and reasoning. In other words, we take it that the doctor had become an enthusiastic matcher of symptoms, without regard to their value, causes or significance. We feel sorry for any young physician who can see nothing in homœopathy save the purely mechanical art of symptom-matching. This unfortunate misconstruction is responsible for much mischief.

After awhile it dawned upon the author that if a certain group of symptoms depended upon anæmia, the use of a similar remedy or even the similitum, without the removal of the *cause*, would not be followed by a cure. This was the conclusion at which Hahnemann arrived, many years before. It is a true observation. It so happened that the author was engaged in the practice of medicine in a manufacturing town. Among the factory workers, males as well as females, the common cause of a wide variety of symptoms was undoubtedly anæmia. The author observed that among the symptomatic expressions of this anæmic condition were: headaches, dizziness, insomnia, drowsiness during the day, dyspnœa upon exertion, palpitation of the heart, loss of memory and severe neuralgias. When these and other symptoms depended upon the existence of a well-marked anæmia, the author found that he could cure the latter and remove all the unpleasant symptoms by the administration of *iron* in physiological doses. If it was only true that iron *invariably* removed all symptoms due to an anæmic state, if it was true that an anæmic state is *invariably* cured by iron alone, the therapeutics of anæmia would indeed become a simple matter. But our author himself admits that *arsenic* is also an excellent remedy for anæmia. And it is likewise true that there are many varieties of the anæmic state, and many remedies for these different varieties, besides iron and arsenic. And so it is apparent that it is just as injudicious to conclude that the remedy for all conditions dependent upon anæmia is iron, as it is to match the symptoms of such a case without due regard to the underlying causes which have produced the anæmia. This paper is well worth a thoughtful reading. It will do good. Reading between the lines, one sees that one must go back even farther than the anæmia, in such cases, to the consideration of those factors which have produced it, before it may be possible to find the true similitum.

DIETING IN NERVOUS DYSPEPTICS.—Dr. J. Torrington Black calls our attention to the fact that in nervous dyspeptics dieting often does much harm. It is well known that such patients are too explicit in following the physician's inexplicit directions. For instance, if the physician tells such a patient that too much meat will aggravate a trouble, she may forever abstain from meat, unless he cautions her. The human body requires a variety of food; and, except in rare cases, it is harmful to deprive it of any one kind of food for any length of time. The digestive apparatus is one complete system. If any one portion is overtaxed with one kind of food, another portion lies idle. The equilibrium of the whole is disturbed and various reflex and actual disturbances may result, and the primary trouble eventually be aggravated.—*N. A. Journal of Hom.*, Feb.

STRONTIUM CARB.—Dr. R. del Mas claims that this remedy is superior to our carbo veg. after serious operations, when the patient is greatly prostrated, has a cool breath, and when the parts persistently ooze blood. He says that stront. carb. does for the surgeon what carbo veg. does for the physician.—*Minneapolis Magazine*.

FERRUM IN RHEUMATISM.—We have observed several times that our cases of acute rheumatic fever were slow in convalescing. As everyone knows, the relief of the pain and the reduction of the local inflammation in the joint or joints, as well as the subsidence of the constitutional disturbance, occurs

rather promptly in rheumatic fever, providing the patient has received the remedy that bears a close homœopathic relationship to his whole condition. But, sometimes after two or three weeks of comparative relief, we wish that he would get completely well. We find a tendency to an afternoon or evening rise of fever, not high, say to 100 degrees. We find a recurring soreness or stiffness or pain in one or more joints. The patient looks pale and is tired and weak. Now an examination of the blood will probably show a reduction of the hæmoglobin to about 70 or 75. We say the patient is anæmic. And here lies the main indication for our prescription. It has several times happened that, after such a case has received the 1x trituration of ferrum redactum for a few days, his general appearance has improved, the fever disappears and likewise all his pains. He gets up and is soon quite well. Therefore we have come to regard ferrum as one of our important remedies for the latter stages of a rheumatic attack, when convalescence seems retarded by anæmia and weakness. We have not made this observation once, but a number of times.

**SUPERMEDICATION.**—"I have become fully impressed with the belief that too many homœopaths have imbibed the teachings of old-school authors in the treatment of syphilis, and that many of the symptoms of the patient are erroneously attributed to the disease and should be regarded as drug provings."—S. C. Delap, M.D., in *O. O. and L. Journal*.

**POTENCIES.**—"To my mind the essential essence of homœopathy is its law." "A second essential essence is the art of prescribing according to the law." "No arbitrary scale, whether high or low, meets the best requirements and greater possibilities of the law." "It is as easy and as reprehensible to form the exclusively high-potency habit as the exclusively low-potency habit. Neither is scientific, artful, nor justifiable." "To secure the best fruitions of our system, the mind must be free and flexible."—C. E. Fisher, M.D., in *Century*.

**LET US NOT BE A FACTION IN THE HOMŒOPATHIC CAMP.**—Dr. François Cartier, in February *Century*, says: "Let us be homœopaths." "Let us not be a faction in the homœopathic camp." "Rules upon potency do not exist." "Let us study the remedy with its characteristics; the question of dose is absolutely secondary." "If a remedy corresponds well in its characteristics with the disease of the patient, I believe that we can cure with almost any potency." "The question of potency makes an eternal quarrel; every one is right and will not admit that the question of dose is secondary, if the remedy is properly chosen."

**CLINICAL EXPERIENCE TEACHES US THE BEST POTENCY TO EMPLOY.**—Dr. Marc Jousset employs sometimes strong doses, sometimes infinitesimals, not according to a passing caprice, but following that which clinical experience has demonstrated either in his own experience or in that of those who are his associates. He illustrates his method by reference to some familiar remedies. Thus: Bryonia acts especially well in ponderable doses in pleurisy, in rheumatism, and in muscular pains. He prefers, here, ten to twenty drops of the tincture per day. In appendicitis, he thinks it acts best in smaller doses. In severe bronchitis and in broncho-pneumonia he gives the 6th; in true pneumonia, the 12th.

Aconite appears to act better in ponderable doses in the beginning of fevers,



ten to twenty drops of tincture a day. In facial neuralgias, on the other hand, he prefers the 6th or 12th dilutions.

*Nux vomica* is an excellent remedy for lumbago, if given in strong doses, twenty drops. In dyspepsias, he likes the 12th dilution. In supra-orbital neuralgias of the morning, he finds that the 30th dilution succeeds much oftener than quinine. This is a useful hint to those of us who have thought quinine almost indispensable in the early morning neuralgias attending nasal catarrhs. Some medicines are especially indicated in massive doses, as quinine in intermittent fever. The iodide of potash in syphilis should be given in ponderable doses. Contrariwise, certain other medicines appear to exert their action only when given in infinitesimal doses, as *corallium rubrum* in whooping-cough, silica in suppurations; *calcareo carb.*, *lycopodium* and *carbo veg.* In dyspepsias, the latter remedy only seems truly active in the 30th dilution.—*Medical Century*.

**MOTHER TINCTURES AGGRAVATE.**—Dr. Leon Simon, speaking from his ample experience, sounds this warning: "I do not like the mother tinctures of drugs from nature." "They easily produce pathogenic effects (that we call aggravation), and it is for that reason that they are commonly deemed more energetic; but, they have no energy for a cure, on the contrary." "Therefore, I prescribe them very rarely." Think of that, next time you fill your case, and avoid those kaleidoscopic color-effects that are so much sought after in pocket-cases.

**MULTIPLE NEURITIS.**—W. H. Stiles, M.D., considers the most essential part of the treatment to be rest in bed. Hot appliances, in general, may relieve; but, in very severe and acute cases, it is generally necessary to administer morphine. In the early febrile stage, aconite is an excellent remedy. *Gelsemium* is, however, one of the most satisfactory remedies that we have. It is capable of modifying the severity and length of the attack very much. Its indications are the congestion, inflammation, pain, rapidly-increasing paralysis; in fact, almost the entire pathology of the disease. *Cimicifuga* ranks next in importance, followed by *belladonna*, *rhus tox.* and *bryonia*. Later on, *arsenicum*, *argent. nit.*, and *mercurius*.—*Pacific Coast Journal*.

**THE CURE FOR PLEURISY WITH EFFUSION.**—Delafield says that aspiration is the only treatment needed for pleurisy with effusion. In a large number of such cases the pleurisy is cured in one week, and no case ought to be ill longer than two weeks.—*Occ. Med. Times*. It would be well for us to consider, for a moment, this remarkable statement. It is possible that physicians postpone aspiration too long in cases of pleural effusion. Homœopaths are apt to do this, feeling an over-confidence in the efficacy of remedies internally administered. It is possible for sudden death to result from the pressure of a large pleural effusion, when such an event seemed unlikely or impossible from the general good condition of the patient. We have seen such an occurrence. The post-mortem examination showed no cause for death, save the pleural effusion. Aspiration can do no harm, if carefully performed. A partial withdrawal of the effusion is often followed by prompt absorption of the remaining fluid. A lung, long compressed by an effusion, may never expand perfectly. It may be permanently damaged, and may thus become a cause of future ill-health.

**OPHTHALMIA NEONATORUM.**—Dr. C. J. Swan does not believe that we help homœopathy when we make claims for it that we cannot substantiate.

No more does any sensible homœopath. He calls our attention to the fact, in *Clinique* of February 15th, that every one who has cases of ophthalmia neonatorum to handle knows perfectly well that they recover perfectly when properly treated locally, without any general medication. Likewise he knows that these cases go speedily to destruction when internal medication *alone* is relied upon.

The doctor is talking about gonorrhœal ophthalmia, which is truly a local affection, needing local treatment. It does not become a systemic affection, while urethral gonorrhœa may become systemic beyond a doubt. But when the author says that he does not think that it is either consistent, logical or scientific to administer the indicated remedy in such cases, he probably makes a mistake. It is excellent practice to aid our local treatment of the affection by the administration of those internal remedies which assist in the removal of the consequences of the infection. It certainly is wrong to trust to our internal remedies in such an affection, neglecting the local treatment; but experience makes us believe that our cases do better and get well quicker when we combine local and internal medication. For instance, the internal administration of *argentum nitricum* certainly assists the cure of a case indicating that remedy locally.

CLINICAL VERIFICATIONS.—P. C. Majumdar, M.D., reports that the simple fact of an aggravation from cold has led him to select *hepar* for many cases of otorrhœa. The fœtid odor of the discharges disappeared under the use of this remedy, and cures have followed.

In the marasmus of young children, the efficacy of *abrotanum* is often marvellous. The children have had dyspeptic symptoms, have eaten voraciously, yet emaciation was progressive. Diarrhœic stools were prominent. These have been the author's leading indications for this remedy.

*Ceanothus*, in painful enlargement of the spleen. In a case of malarial fever which had been drugged with quinine the spleen was tender upon pressure, and there was a cramp-like sensation in the enlarged organ. *Ceanothus* 3x, twice daily, cured in one month. —*Indian Homœopathic Review*.

SCILLA IN THE TREATMENT OF DROPSY.—I have seen several cases of dropsy, due to a leaky heart, that improved greatly after the use of a preparation of squills in port wine. An old lady, aged 80 years, had been troubled for years by an irregular action of the heart, which intermitted every third or fifth beat. She caught cold very easily, and was at such times troubled with what she termed a filling up of the lungs. I was called to see this case in June, 1901, and found her sitting in her chair, unable to lie. Her feet were badly swollen, as were also her hands. Short, laborious breathing; cough, with expectoration of much mucus streaked with blood. Great thirst. Pulse very irregular. Dryness of the mouth, with pricking sensation in tongue. Constant desire to urinate, but only a small amount was passed each time. Desire to have bowels moved while urinating. It was thought that the patient must die. I prescribed squills in various potencies without effect. Then we concluded to use squills in port wine. I added one ounce of squilla chips to one pint of port wine. Of this the patient took one tablespoonful every three hours until she began to experience nausea. Then she took a teaspoonful every three or four hours. Her heart became regular, and within two months she was quite well, and has remained so ever since. — J. C. Fahnestock, M.D., in *Cleveland Reporter* for February.

# THE HAHNEMANNIAN MONTHLY.

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APRIL, 1903.

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## A DEMONSTRATION.

BY O. S. HAINES, M.D., AND S. W. SAPPINGTON, M.D.

(Given before the Saturday Night Club of Microscopists of Philadelphia, January 17, 1903.)

WE SHALL speak to you first of an old lady, aged 84 years. There is nothing particularly new nor particularly unusual in this case. Indeed, we shall ask you to listen to the recital of the commonplace clinical facts of this case simply because we believe that the careful study of the usual and commonplace in medicine is sometimes more profitable than the eager pursuit of that which is unusual or phenomenal. This old lady was brought to the hospital in a weak, helpless state, suffering no pain nor distress, with a history of having had what her friends said was a stroke of paralysis. It required but a superficial examination, after her admission, to determine that, instead of a paralytic condition, we had to deal simply with a very complete exhaustion of nervous and physical forces. She could scarcely speak. She did not move, unless assisted. Her stools and urine passed from her involuntarily. She was perfectly tranquil and placid, and consciousness was not disturbed. I should have regarded this condition as one of senile exhaustion preceding dissolution, had it not been for one or two other phenomena to which we must now refer. She had too high a temperature—103 degrees. She had too rapid a pulse—132. She breathed too rapidly—40.

I think we may say that such a combination as this in an



aged person invariably suggests an involvement of some portion of the respiratory tract. I think you will agree that even in a younger person suffering from a continued fever we may not, justifiedly, ignore the lungs in our clinical conclusions; when the pulse is 132 and the respirations are as high as 40 per minute. We may not ignore the lungs even if there be, at first glance, no other apparent evidences of pulmonary involvement. I may now pass to the results of our pulmonary examination. I should say that our patient had a chronic senile catarrh of the bronchial tubes. This is a very constant attendant upon old age. The variety of adventitious sounds heard in such cases during respiration is perhaps greater than in any other pulmonary disease. We were prepared, then, for the hissing sibilant râles, the sonorous sounds, the wheezing, and the many varieties of mucous râles and gurgles which this case presented. We are familiar with the physiological senile changes that occur in pulmonary structures, and can readily understand why emphysema is so constant an accompaniment of senile catarrh. In this woman the percussion-note was distinctly tympanitic or emphysematous over the greater portion of the chest. Her cough was very infrequent, very loose sounding when it occurred, and apparently she had lost the power of expectorating. Beyond what I have given you, I may say that she presented no physical signs that would lean us towards a diagnosis of lobar pneumonia. The classical dullness upon percussion was not present.

We have here a valuable lesson. The physical signs of a senile pneumonia are subject to greater variations than ever occur in the adult of younger age. We, however, were enabled to conclude that she was dying primarily of a real senile pneumonia after considering the following facts, which more often form the basis of our clinical conclusions, in such a case, than the classical physical signs. These facts, as set forth by Grisolle are:

1. The extreme frequency of pneumonia as a terminal feature of advanced life.
2. That of all the inflammatory affections of old age, pneumonia is the one that is oftenest latent and unsuspected ante-mortem.
3. That of all the acute affections of old age, pneumonia produces most frequently this combination of high temperature, rapid pulse and rapid respiration.

I ought to mention, although it is really an unimportant incident, that her urine showed albumin and a few granular tube-casts.

The principal feature of this demonstration is, of course, the report of the post-mortem findings of the pathologist. I will read you Dr. Sappington's report. For the sake of completeness, we should add that during life we noticed a rough systolic murmur, loudest, perhaps, over the mitral area.

*Autopsy Report on M. A. S., Female, Aged 84, Died December 20, 1902.*—Subject was a shrivelled old woman, below medium height. Hair was fairly abundant and white. Pupils were widely dilated. Nose contained some metal appliance, placed there at some former plastic operation. Skin was rather yellow and wrinkled. No special scars, bruises or wounds. Emaciation was not apparent in a naturally thin, aged subject. Post-mortem lividity was slight. Jaundice, œdema or cyanosis was not noted. Rigor mortis was moderate.

On incision, the skin was normal and the subcutaneous fat scanty and normal in color. The position of the abdominal viscera was apparently normal. The diaphragm was at about the fifth rib on both sides. The costal cartilages were not calcified, and were easily cut through.

The left pleura was glistening and non-adherent, except at the apex, where the lung was torn loose with some difficulty. There was no effusion. The left lung was smaller than normal, and was much less pigmented than one would expect at the subject's age. The weight was 290 (450) grammes. There was some crepitation, but in many places the lung was non-crepitant and feathery to the feel. This was marked at the anterior inferior margins of both lobes. Hypostatic congestion was slight, and there was no inflammatory consolidation externally or on section. At the left apex, corresponding to the site of the pleural adhesions, was a densely pigmented scar, about 2 x 3 cm., which had undergone partial calcification. The entire lung was rather bloodless.

The right pleura was slightly congested, but still shiny, and adhesions, while present, were scanty and easily broken. The right lung was at once seen to be enlarged, and deep red in color over the entire lower lobe and posterior portions of the middle and lower lobes. These parts, to the feel, were non-crepitant and solid. The lung weighed 770 (500) grammes.

Upon section, the lower lobe was solid throughout and slightly granular, but moisture was apparent, and bloody fluid exuded on pressure. The posterior portions of the middle and upper lobes were similar in appearance, except that sectioned surfaces were dryer. No fibrinous plugs were observed protruding from the bronchi, and the interlobar spaces were also free from extensive fibrinous exudate, being but lightly glued together.

The pericardium was normal. The heart was normal in position and shape, and slightly distended. It measured 12 x 9 x 6 cm. (12.7 x 8.9 x 6.3), and weighed 185 grammes (250). In the right ventricle were some agony clots extending into the pulmonary artery. The left ventricle contained a few post-mortem clots. The right auriculo-ventricular orifice measured 17 cm. (12). The tricuspid leaflets were normal. The pulmonary orifice measured 6.5 cm. (9). The valves were competent. The mitral orifice was 8.5 cm. (10.5) in circumference. On the auricular surface of the anterior mitral cusp was a small verrucose vegetation. There were a few atheromatous plaques on both mitral leaflets, but the segments were not deformed nor the chordæ tendinæ shortened. The aortic valves were competent by the hydrostatic test, and presented no deformities. Around the aortic orifice and around the origins of the coronaries were patches of arterio-sclerosis, nothing but what might be termed normal in a case of this age. The right coronary presented two orifices. There was no marked sclerosis of either coronary artery. The heart-muscle was a brownish-red, and showed no gross signs of fatty degeneration or fibrosis. The papillary muscles were apparently normal, and the walls of the heart were about of normal thickness.

The tracheal and bronchial glands were enlarged and deeply pigmented.

The peritoneum was normal. The liver weighed 830 grammes (1500), but no gross evidence of disease. The gall-bladder was normal and free from stones. The spleen measured 11 x 7 x 3 cm. (12 x 7.5 x 3) and weighed 115 grammes (171), and was rather soft. The left kidney measured 9 x 5 x 3.5 cm. (12 x 6 x 4), and weighed 100 grammes (140). The right kidney measured 9 x 6 x 3 cm. (12 x 6 x 4), and weighed 70 grammes (135). The left kidney was preserved grossly by the



Kaiserling method. Both kidneys were small and irregular. The capsule was adherent. On section, the cortex was markedly narrowed, the pyramids shortened and the pelvic fat increased. Numerous cysts, varying in diameter from 1 to 5 mm., were present. The stomach, intestines, pancreas, adrenals and bladder showed no gross changes. The genitals were atrophic. The brain and cord were not examined.

*Microscopic Examination.*—Sections of the consolidated lung were stained with hæmatoxylin and eosin by Weigert's fibrin method, and also by Weigert's elastic stain.

In sections from the lower right lobe the large and small blood-vessels were distended to their utmost, and the connective tissue around them was increased, suggesting a chronic condition. Within the alveoli were red blood-cells, leucocytes, and, most numerous of all, alveolar epithelial cells. There was also a considerable amount of fibrin, which was rather granular and clumpy, and did not show the typical threading of the earlier stages of pneumonia. The bronchi were filled with leucocytes. In addition, spindle-shaped connective tissue cells were noted around the blood-vessels, bronchioles, and in the alveolar walls, as well as within the air-cells. Several corpora amylacea were noted. Blood-pigment was scarcely observed. The alveolar spaces were decidedly lessened both by the encroachment of the thickened alveolar walls and presence of the connective tissue cells within the air sacs.

In sections of the upper and middle lobes the blood-vessels were also distended, but the alveolar spaces were not lessened, as in the lower lobe. The air-cells were filled but not crowded with cells, mostly leucocytes, red cells and epithelium being scanty. Typical threads of fibrin entangled the cells. A few corpora amylacea were also seen here. Near the pleural surface the blood-vessels were especially distended and the subpleural connective tissue was pigmented. A very small amount of fibrinous exudate was seen on the pleural surface. The few alveolar cells noted apparently contained blood-pigment.

In a section of the anterior inferior border of the upper lobe of the left lung ordinary emphysematous changes were observed, *i.e.*, dilatation of the alveoli, obliteration of the capillaries, disappearance of the elastic tissue and rupture of the

septa. A section of the pigmented scar at the left apex exhibited intensely pigmented fibrous tissue with numerous blood-vessels.

The verrucose vegetation of the mitral leaflet consisted of a thrombotic mass composed of granular masses of fibrin with little or no cellular infiltration, *i.e.*, no attempt at organization. The endocardium just beneath the vegetation contained numerous fusiform connective tissue cells. The section was not stained for bacteria. The heart-muscle showed a mild degree of diffuse myocarditis and marked brown atrophy. The muscle-fibres retained their longitudinal and transverse striations well, and there was no segmentation. Evidences of fatty or fibroid changes were absent.

The bronchial glands were intensely congested and pigmented, most of the pigment being free. The liver and spleen were practically normal, as far as histologic changes were concerned. The kidney gave evidence of primary chronic interstitial nephritis. The capsule was thickened; fibrous prolongations from it entered the cortex and were surrounded by cellular infiltrations; the connective tissue was generally but not markedly increased; many glomeruli had undergone fibrosis; the tubules were more or less denuded and filled with casts; small cysts were abundant.

*Summary.*—Croupous pneumonia involving the lower right lobe and the posterior portions of the middle and upper lobes. In the lower lobe the condition was more advanced, and showed a tendency to undergo fibrous change instead of resolution. In the upper and middle lobes the pneumonia was not yet advanced to the stage of resolution. Atrophic emphysema involving those parts of the lungs not pneumonic. Simple endocarditis. Brown atrophy of the heart. Primary chronic interstitial nephritis. General senile atrophy.

And now let us turn to our second case. It is more out of the usual than was the preceding; and it holds a valuable lesson for those who care to profit by ante-mortem errors, as revealed by post-mortem findings.

I feel as if I should like to say, just here, that the physician who exhibits an unflinching confidence in his diagnostic findings, under all circumstances, is generally one who has had little experience in post-mortem observation. From the purely

professional point of view, the man who diagnoses his cases with a slight degree of modest uncertainty is the man who is entitled to our greatest respect and regard. "I think" is an expression that sits as well on the ante-mortem conclusion as does the expression "I find" upon the findings of the post-mortem observer. "I know" is an expression now almost obsolete among cultured medical men.

Let me begin by saying that our present patient presented, at first glance, extreme emaciation, deep jaundice, and a large accumulation of ascitic fluid within the abdominal cavity. General dropsy, most marked in the lower extremities, may also be added to the preceding. I could not reach the liver by the ordinary physical methods on account of the ascites, so it was removed. Even then, the results of a physical examination of the liver were unsatisfactory. We could determine no marked enlargement of the liver, and were inclined to regard it as a somewhat small organ, because its lower margin could not be felt beneath the costal arch. Percussion of the hepatic area still further inclined us to believe that the liver was contracted. We could make out no abdominal tumor. He suffered no pain in the hepatic or gastric regions. His stools were variable as to color,—sometimes green, again yellow, brown or curdled; sometimes watery, again mushy or formed. His urine contained much bile, much albumin, and many tube-casts of the epithelial, granular and hyaline varieties. Its specific gravity was 1010. His heart seemed normal, save that a systolic apical murmur could be heard. The history of this case told us that the man had been an alcoholic who had had malaria, gonorrhœa, and one attack of "nervous prostration." His paternal grandfather died of "liver disease." One brother of tuberculosis, another from alcoholic excesses. We could, with difficulty, determine the date of the beginning of our patient's illness. He had been ill for at least one year. The earliest symptoms had been flatulent indigestion and marked constipation. Two months previous to admission jaundice appeared, with more rapid emaciation, general pruritus, diarrhœa, and heavily coated tongue. I have described now about all the features that could be elicited. Ascites had begun about one month previous to admission. By a somewhat complete process of exclusion, which I need not detail, we arrived at the clinical conclusion



that the man suffered from cirrhosis of the liver. The possibility of it being an obscure malignant disease was bracketed; but we were unable to determine the location or character of the malignant growth. He died. I shall now read you the findings of the pathologist. I ought to have said that at no time did he have fever or pain. His temperature was normal, his pulse averaged 60, and his respiration-rate was 20.

*Autopsy Report of H. F., Male, Aged 52, Died December 12, 1902.*—Subject was an intensely jaundiced, somewhat emaciated male of medium height. The body presented a few abrasions, the result of scratching, but no scars, bruises or cyanosis was noted. Post-mortem lividity was marked. Rigor mortis was marked.

On incision, the subcutaneous fat was seen to be somewhat diminished. In the abdominal cavity there were about 2000 c.c. of clear, straw-colored transudate which displaced the diaphragm upwards. The costal cartilages were partly calcified.

There were a few diffuse, easily-broken adhesions over both pleuræ. Both lungs were compressed by the upward displacement of the diaphragm, and on this account appeared rather deeply pigmented, but no other gross changes were found. The condition of the pericardium and heart was not noteworthy.

The abdominal effusion was evidently that of a transudate, no signs of peritoneal inflammation being evident. The liver was displaced upward beneath the ribs. In the middle line, over the head of the pancreas, a distinct hard mass could be felt, and in order to make a better examination, the liver and its ducts, with the stomach, duodenum and pancreas, were removed *en masse*. The liver was first examined, and it was noted superficially to be intensely bile-stained, and dotted here and there with white nodules. Upon section, numerous white nodules, like those seen on the surface, and varying in diameter from one to four centimeters, were noted through all portions of the organ. In the centre of some of these there was distinct softening. Some diffuse white patching was also observed. Throughout the organ were marked dilatations or channels, some of which measured five centimeters in diameter. These were proven microscopically to be dilated bile-ducts. The gall-bladder was quite small and filled with a very thick, viscid, semi-clear fluid, which was not in the least bile-stained. The

cystic duct was apparently normal, as were also the hepatic ducts. The liver weighed 1560 grammes (1550).

The pancreas was quite large and extremely hard. On section it was apparently infiltrated throughout with a new growth. This was most marked in the head, where small foci of softening were observed. There seemed to be no special involvement around the pancreatic duct. The organ weighed 225 grammes (90), or nearly two and a half times its normal weight. That portion of the common bile-duct behind the head of the pancreas was apparently occluded and infiltrated by the neoplasm, as were also the structures in immediate connection with it. This would supposedly include the duct of Wirsung just before and at its junction with the common duct.

The duodenum was not grossly involved, nor was the rest of the small and large intestine. The stomach contained about 30 c.c. of grumous material resembling coffee-grounds. Numerous small follicular ulcers were present, especially near the pylorus. The mucous membrane showed hæmorrhagic areas. The pyloric orifice was narrowed and the walls of the pylorus were apparently thickened, but no ulceration was present.

The spleen exhibited no special changes. The lymphatic glands around the aorta, strange to say, showed no gross changes. Both kidneys were intensely jaundiced and congested. The right kidney weighed 225 grammes (145) and the left 170 grammes (150). The nervous system was not examined.

*Microscopic Examination.*—A careful examination of many sections of the pancreas revealed, in general, an adeno-carcinoma with extensive interstitial changes and areas of fat necrosis in the adipose tissue. The head of the pancreas was especially involved and the lesion was probably here primary. Sections were made along the large pancreatic duct to see if the tumor originated here, but this does not seem to have been the case. The growth is a typically scirrhus one, and the connective-tissue is extensively infiltrated with epithelial cells arranged in gland form. The adenomatous arrangement predominated, but several purely carcinomatous areas were also demonstrated. In many places the lobules were not markedly altered, except for the increase of connective tissue. In other places there was atrophy and necrosis. The islands of Langer-

hans presented no remarkable changes. The adipose tissue around the pancreas showed areas of fat necrosis. There was a small amount of round-cell infiltration in the pancreas and surrounding tissue.

Examination of the common bile-duct and the tissues included with it in the mass behind the head of the pancreas showed marked carcinomatous infiltration, the lumen of the duct being practically obliterated. The growth had overgrown and replaced so much of the tissues here that we were not able to distinctly separate and place them. In one portion, tumor-cells seemed to surround and infiltrate nerve-bundles. Portions of the common duct high up, and of the hepatic and cystic ducts, were free from morbid growth.

The nodules in the liver consisted of carcinomatous growths, which, however, were not adenomatous in their arrangement, but rather those of a simple carcinoma. The nodules were usually near peri-portal tissues. There was extensive degeneration and necrosis in some of the metastatic growths. The biliary ducts were widely dilated, and represented the large channels noted grossly. The large ducts were empty, but the smaller ones contained the remains of stagnant bile. The liver cells were deeply stained with bile, and there was more or less congestion.

Sections of the pylorus were expected to show malignant involvement, but, on the contrary, there was no tumor growth here at all, the coat being thickened by an increase in the muscular layer. The follicular ulcers seen near the pylorus were hæmorrhagic erosions. The mucosa was degenerated and partly destroyed.

The kidneys were congested and jaundiced. Biliary pigment was found in the cells and free in the tubules as icteric cylinders. In the straight tubes were structureless masses deeply bile-stained. The epithelium was rather low, and in parts detached from the basement membrane.

Nothing of note was seen in the lung.

*Summary.*—Primary adeno-carcinoma of the head of the pancreas, involving to some extent the entire organ, and, by contiguity, the ductus communis choledochus and adjacent structures. Stenosis of the common bile-duct. Ascites. Secondary carcinoma of the liver. Non-malignant stenosis of the pylorus.



Hæmorrhagic erosions of the gastric mucosa. Acute nephritis. Fat necrosis. General hepatogenous pigmentation.

[Numerous slides, photographs and diagrams were thrown upon the screen by the micro-projecting lantern during the demonstration, which still further enhanced its value.]

## CHRONIC SUPPURATION OF THE MIDDLE EAR.

BY PERRY DICKIE, M.D., BROOKLYN, N. Y.

OF all the destructive pathological processes in the domain of otology, a suppurative disease existing in this location stands pre-eminently at the head of the list.

A certain learned authority has made the comparison, likening this condition within the middle ear unto a charge of dynamite within the head, ready to go off at any time on the slightest provocation. The possibility for damage from either evidently regarded as being equally as great by this same authority.

Yet in the face of this fact many of us can recollect the time, not far distant, when the good old family doctor, soon to become a rarity as the rage for specialism increases, would advise us in the case of a running ear,—and especially so in children,—to let it alone, as its possessor would soon “outgrow” it. A theory and practice as incomprehensible as it was pernicious, and often the result of much trouble later ensuing.

When we stop to think of this bony box—the tympanum—in close proximity to such important and vital structures, we cannot but at once appreciate the possible danger to which they are liable by an involvement from a destructive pathological process in this location. Surely the individual with a suppurative disease of this nature is by no means in an enviable position. Hence the above comparison is a most apt one to describe it.

Without doubt there have occurred many cases of otorrhœa from which the individuals have suffered no serious effects during their life. In some cases healing, at least so to all appearances, or else remaining in a latent state from which no

trouble was experienced. There are many more, no doubt, at the present time, who will be blessed with the same good fortune. But, however, notwithstanding all this, past experience has demonstrated to us that in these cases there is ever present an element of danger which, at times, from a very slight provocation may burst forth in the form of a most serious intracranial complication, often resulting in loss of life. This possibility we must at all times bear in mind as being ever present in cases of this kind. In short, that a suppurative process of any severity existing in the tympanum, if neglected, is very apt to be followed by a destruction of osseous tissue, if only confined alone to the ossicles. But in cases where the bony walls are the seat of erosion, an extension of this process, resulting in more serious damage to the intracranial structures, may follow, when mischief of some kind must inevitably be the result. When the destruction takes place in the roof of the tympanum or antrum a cerebral involvement is apt to be the rule. If a greater extension within the antrum occurs, the sinus may be implicated in the diseased process, with a possible, but rare, involvement of the cerebellum. Fortunately these conditions are not of very frequent happening; but as they are possible ones, and outward and visible signs are not invariably indicative of what is to come, it therefore behooves us to do all in our power to prevent the occurrence of such disastrous consequences.

The patient should be always candidly informed as to what can happen, so that he may be induced to coöperate with us in our endeavors to eliminate the existing suppurative process, the presence of which is of such threatening import.

When, however, the osseous structures are intact, the possibility of an intracranial complication arising is as a rule much lessened, and, consequently, longer delayed; the occurrence depending entirely upon the virulency of the suppurative process and the resistance of the bony walls to its destructive action. But in cases where there has been an imperfect development or ossification of the sutures (resulting in dehiscences), or even in the walls of the tympanum itself, there being no barrier save a membranous division between the diseased tissues and the intracranial structures,—under such an existing state of affairs a suppurative process may gain considerable headway through these channels in but a short time.

This accounts for the comparative frequency in the happening of such results in infants and young children, owing to the, as yet, incomplete ossification of the structures in this region.

From the foregoing statements one must of course realize the necessity that for a condition such as suppurative otitis media, a plan of treatment of a most painstaking and persistent description must be instituted to check the disease, and to be kept up until all traces of any discharge whatever has ceased. As in an individual in which even but a slight amount of oozing from the ear or remaining in the canal, and too slight to make an appearance as a discharge; when such occurs from various causes, as taking cold, exposure to dampness, etc., we cannot consider such in a normal state, but must infer therefrom that a latent inflammatory condition is present, which may at any time develop into something of a serious nature.

A discharge from the middle ear cannot be outgrown, nor will it cease spontaneously, except in very rare cases. When such has occurred, in the opinion of the writer, it has usually consisted of but a simple purulent lesion of the external auditory canal, of a nature seemingly more serious than it really was in fact. A condition of this kind would be easily possible at times to mislead the most experienced of us.

An otorrhœa occurring in children should under no circumstances be allowed to remain untreated, as in such the danger is far greater than in adults, bad as this is, owing to the incomplete ossification of the sutures, and a non-development of the bony tissues in this location.

In the treatment of suppurative otitis media the first and foremost essential is cleanliness. Oftentimes, in cases of not too great severity, this will alone accomplish a cure, as so frequently demonstrated in the practice of our old-school brethren. Nature is always ready to lend a helping hand, and, with this to aid, often accomplishes much. But this measure, although most efficacious, takes considerable time to do its work, which delay, however, is considerably shortened with the help of internal medication.

In the case of a profuse discharge our method of procedure should be by means of syringing out the canal and tympanum several times a day, if necessary, to insure perfect cleanliness,—using one of the many solutions recommended for this purpose; always warm, but never plain water.



We may use Dobell's, Seiler's, or Fowler's physiological tablets, or boric acid, besides what is equally as efficacious and always at hand, plain salt.

In cases where there is an offensive odor present, formalin or permanganate of potash added just sufficient to color the solution will be found most efficacious to remedy this condition.

When, on the other hand, the discharge is scanty, a mopping-out with absorbent cotton will be sufficient to accomplish all the results to be desired as to cleanliness.

This treatment in the large majority of cases, with occasional applications of hydrastis, thuja, ichthyol, etc., together with the appropriate internal medication, will prove to be most satisfactory in our cases.

However, in the more severe forms, where we have an involvement of the osseous tissue, as indicated by the foul odor of the discharge, although in such cases, by many authorities, operative measures are indicated, before attempting such it is always well to try to remove these disintegrated masses by means of some of the digestive processes, as pepsin and hydrochloric acid, or enzymol; often so valuable if used faithfully and perseveringly.

In many cases one of these methods will be sufficient, and a procedure far more satisfactory to the patient as well as also to the physician.

But occasions will arise when these measures will prove ineffectual; when something more radical is necessary; in short, when operative procedures of some kind must be resorted to.

Our text-books, professedly written for the use of the general practitioner and student, describe the various operations indicated in these conditions as if their performance were but trivial matters and possible of accomplishment by the veriest tyro. But to the general practitioner contemplating an attempt of this kind I would say, don't do it on these representations alone, without a previous special study of ear diseases, or the acquirement of a certain amount of manipulative technic in this line at first upon the more simple procedures.

In no portion of the body is a delicate hand more essential than in operative work in the ear. On account of both the exceeding small space in this location to work in, as well as

the close proximity to structures of such vital importance, that a false move in any direction may be consequent of results of irreparable evil.

In many cases such attempts are consequent of more harm than good.

For this work an experienced eye and a hand with trained and independent fingers are absolutely essential to success, with a capability of exercising the utmost tactile delicacy of manipulation, as in all these conditions the parts are usually most sensitive, while these procedures are seldom free from pain, and that too often of the most exquisite description.

Besides this, a preliminary course in the topographical anatomy of these parts is of the utmost importance for the acquirement of an intelligent appreciation of what we are about in our manipulations. However, courses of this latter are rare, as in the knowledge of the writer but one is given in this city, but its excellence compensates for the fewness in numbers.

As a preparation, besides, the physician should have had considerable practice as well as thoroughly familiarized himself in general ear work before aspiring to these operative procedures.

The writer regrets that his advice to would-be operators in the ear may seem of a rather discouraging tenor and so at variance with that contained in our text-books, where all we have to do is to buy the instruments and go ahead. But believing in the results of experience rather than of theory in this matter, he feels it a duty to state facts as they really are rather than encourage recklessness, which certainly we must so consider the advice as to such wholesale operating by the inexperienced.

In the more severe forms of otorrhœa, with a discharge of foul odor, and a possible caries of the ossicles, accompanied by such symptoms as headache, vertigo, etc., all persistent and severe, not amenable to any form of conservative treatment as cleansing, applications, and internal medication, recourse to the operation of ossiculectomy is at times attended with most excellent results of a curative nature.

In fact this is the only field of usefulness for this operation, even here only to be undertaken as a last resort, owing to the so frequently disastrous results it is apt to cause in the impair-

ment of the hearing in the ear operated on. Of course, in cases where the hearing is already much involved this need not be taken into consideration; but where the impairment is but slight, this procedure should be carefully considered before attempting its performance. Besides, the possible results should invariably be previously explained to the patient.

The performance of ossiclectomy in the dry form of middle-ear disease so frequently results in an aggravation of the condition and rarely effecting a permanent, if any, relief, therefore should never be undertaken at any time.

Failing the above measure for the removal of necrosed bone, a curettement of the vault of the tympanum may be necessary; but this is a procedure not to be lightly attempted without a perfect appreciation on the part of the operator as to the anatomy of the parts and the possibilities of injury to the brain on account of the thinness of the osseous tissue of these parts. If, however, the case be one of long standing, as well as of marked severity, it may be that nothing short of the radical operation will relieve the condition. This procedure consists of opening into the antrum and cutting away the posterior wall of the auditory canal, thus converting the tympanum and antrum into one cavity,—besides, at the time, removing all necrosed bone, cholesteatomatous masses, and unhealthy granulations likely to be present in this condition. Thereby making it so that a future treatment through the external auditory canal will be possible at any time.

But no case of this disease need ever be allowed to reach this stage if taken in hand early and treated persistently and faithfully, with strict observance as to the proper cleanliness, with also a provision made for the outlet of the discharge through the external canal. Truly, when this becomes the universal rule of procedure in suppurative conditions of the ear, otorrhœa will have then lost its terrors as a possible etiological factor in intracranial complications.

In all cases, however, in our treatment of this disease, we must bear in mind the fact that as this is a condition of long coming on, it therefore cannot be remedied in a day, or even in weeks, possibly months to years, in some cases, being necessary to obtain any appreciable results of a beneficial nature. Therefore, patience and perseverance is ever the watchword, both on our part and on that of the patient as well.



As for operative procedures in these cases, in the writer's observation their frequent non-success has made him feel ever loath to attempt them himself. Besides, the success obtained by the late Dr. Henry C. Houghton, almost entirely by conservative methods, a success acknowledged by all our school, has tended to stimulate the writer to prefer to work on these same lines.

But that we will at some period of our practice meet with cases in which operative measures of some kind are necessary is certain; therefore, when these occasions arise, we should not hesitate to avail ourselves of the methods of relief that surgery offers us. However, in the large majority of cases conservatism will help us out if we give it but a fair trial.

As to the internal medication for this condition, many remedies have been suggested, but a comparatively few will, as a rule, suffice to effectually carry out the treatment successfully.

Indications for their use are the general condition of the patient and the existing pathological lesion, also the character of the discharge, although not much stress should be laid on this, as it will vary widely at different times in the same subject.

The following list of remedies will, as a rule, be sufficient for all purposes:

Hepar sulph., hydrastis, mercurius, pulsatilla, silicea, tellurium, thuja.

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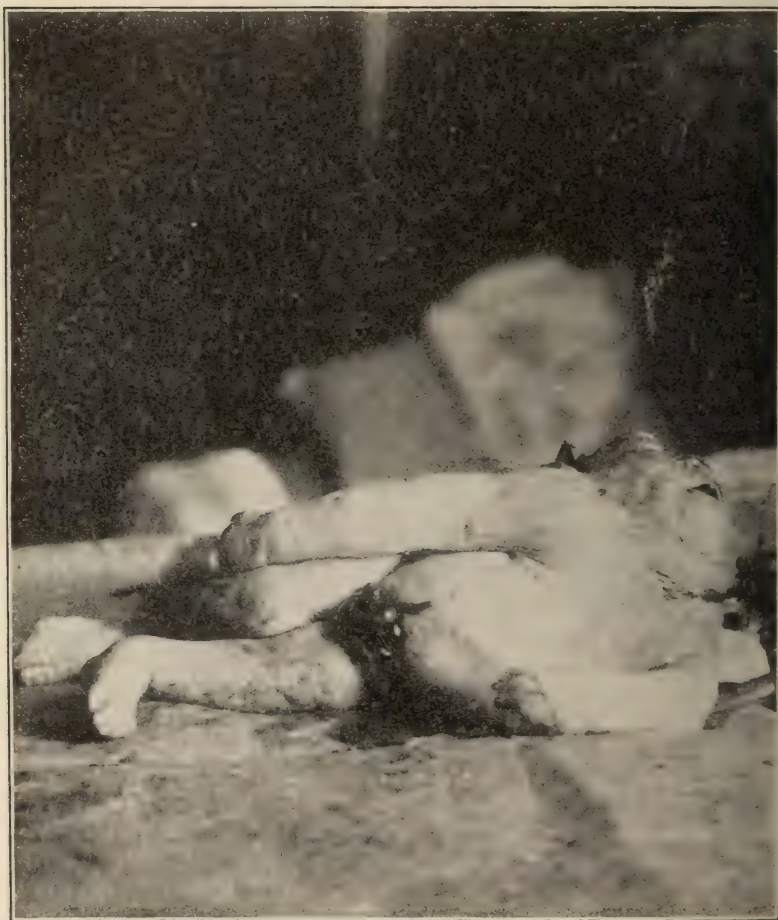
#### AN OBSTETRICAL ANOMALY.

BY J. W. CRAWFORD, NORTH ADAMS, MASS.

ON January 17th, at 7.30 P.M., by request of my friend, Dr. John R. Hobbie, I saw Mrs. S., æt. 21, who was pregnant (primipara), and supposed to be in labor. She complained of constant pain and soreness in the lumbar, dorsal and cervical areas, which was accompanied by marked restlessness, slight dyspnœa, nausea and vomiting. She had been up all the previous night caring for a sick relative, thus attributing her present condition to cold and fatigue. Approximately she did not expect to be confined until March 17th.

Physical examination of the chest was negative. Temperature,  $98.6^{\circ}$ ; pulse, 80; respiration, 20. Kidneys appeared to be acting properly. General appearance of urine normal. There was no anasarca.

The usual signs of pregnancy were apparent. The uterine tumor had ascended to about 5 c.c. above the umbilicus. Pal-



pation of the abdomen failed to reveal the foetal position because of the uterine and abdominal resistance due to the subjective soreness.

Vaginal examination exhibited a softened cervix through which the little finger readily penetrated. The membranes were intact and the amount of liquor amnii normal. There had been no discharge of any nature.

I prescribed arnica 2x, 20 gtts., and morphine, gr.  $\frac{1}{4}$ ; atropine, gr.  $\frac{1}{150}$ , in half-glass of water, one teaspoonful every hour. After an elapse of an hour, no pains appearing, and the patient quieting down, I gave orders for absolute rest, and departed.

At 9.45 p.m., her husband phoned "the water had come and severe pains were occurring."



At 10.30 p.m., a re-examination revealed things as before, excepting that the membranes had ruptured. Characteristic pains as to duration and location had set in.

At 12 p.m., two fingers could now be introduced through the os, but the dilatation was irregular and the face was presenting. The nose and mouth could be distinguished, but the head was immovable and hyper-extended. Manipulation failed to influence its position.



At 1 A.M. Dilatation slightly increased. Pains very strong.

At 2 A.M. Considerable progress; however, head still immovable, and seems to drag the cervix downward rather than dilating it. Marked hyper-extension.

At 3 A.M. Deciding that instrumental interference would be necessary, I sent for Dr. Hobbie. He endeavored to manipulate



the presenting part, but without avail. I administered chloroform and applied the forceps, delivering a monstrosity which is herewith presented to you for inspection by the following photographs, taken by Dr. A. E. Davenport.

No. 1. Shows the marked hyper-extension of the head. The general muscular development, excepting in the parietal, occipital and cervical regions, was good. At the umbilicus can be

seen a prolapsus of the cæcum, appendix and a portion of the small gut. The appendix was well developed and contained meconium.

No. 2. A posterior view, showing the undeveloped portion of the spine and head.

No. 3. Full-face view.

*Post-Mortem*.—General nourishment of the body, good. Skin, tissues, muscles, cartilage and bone well developed. Head and thorax discolored by a bloody infiltration, due to pressure. The cranial cavity was incomplete and filled with a blood-stained, jelly-like substance, and connected with the thorax and the open portion of the spine. The parietal and occipital bones were wanting. The thorax was filled with a serous fluid and the lungs lay *en masse*. The heart was well developed and the ribs and sternum partially ossified. The diaphragm was intact. The liver was markedly enlarged, and crowded the small intestines into a bunch in the umbilical and right inguinal regions. Macroscopically on section it appeared normal. The gall-bladder was well filled with bile. The stomach, spleen, pancreas and kidneys were normal, the latter of the infantile variety. The uterus, tubes, ovaries, bladder, large and small intestines very well developed. The umbilical cord was short (40 c.c.). The placenta was normal in every particular.

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## DOSAGE IN HOMŒOPATHIC PRACTICE.

BY C. SIGMUND RAUE, M.D., PHILADELPHIA.

THE dose, while an important question, is not the principle upon which homœopathy is based. Our unfair critics would have it believed that homœopathy and microtherapy are one and the same. The fundamental principle of homœopathy, however, is the sound deduction formulated by Hahnemann as the general therapeutic rule of practice, *similia similibus curentur*, and the dose he recommended was the smallest one that would act curatively without aggravating the condition for which it was prescribed. There is no reason, therefore, for invading the realm of the infinitesimal in order to practice homœopathy,

a mode of practice only adopted by Hahnemann himself in his later years.

To the beginner, and especially to those not in sympathy with the theory of potency in attenuation, small doses of the tincture and the lower dilutions are to be recommended. When employing insoluble substances, the lower triturations may be used. Let the dose just fall short of producing medicinal aggravation, and if the remedy be homœopathically indicated, a curative result will follow. Accordingly, the liquid remedies, excepting the very poisonous ones, may be administered in doses of one to two drops of the first or second decimal dilution, repeated every one to two hours in acute conditions, without fear of doing any harm whatsoever. In young infants the second and third decimal dilutions are usually preferable. The same may be said of triturations; but it is reasonable to suppose that insoluble and apparently inert substances like silica and the carbonate of lime are more active when their molecules are mechanically separated than in the crude state. The interesting and convincing experiments conducted by Dr. Percy Wilde, published in the "*Journal of the British Homœopathic Medical Society*," January, 1902 ("Energy, in its Relation to Drug Action"), prove conclusively that the process of trituration induces decided changes in the physical properties of the substance thus treated. There seems to be no doubt that this process converts apparently inert substances into a state in which they can enter into chemical combination with certain cells of the human economy for which they possess a selective affinity. If, therefore, we desire to obtain the therapeutic action of one of these remedies, we must give it in a finely subdivided state, such as the third to sixth decimal triturations represent. On the other hand, when we desire to obtain simply the nutritive effect, as in using iron in anæmia, a much larger dose becomes necessary. The action of ferrum phosphoricum in the third decimal trituration in acute bronchitis is essentially different from the action of ferrum redactum crude or in the first decimal trituration in anæmia; in the former the action is medicinal, while in the latter it is nutritive.

Triturations are usually dispensed in tablet form, each tablet representing one grain of the triturate. In acute conditions,



a tablet may be administered every one to two hours; in chronic affections, two tablets four times daily is the usual dose. Naturally, such poisonous substances as bichloride of mercury, cyanide of mercury and arsenious acid must be used with great caution when used in the third decimal trituration and lower.

A word as to the higher potencies. These remarks, of course, refer only to dilutions made in accordance with the directions laid down by Hahnemann, and entirely ignore the various fluxion, bottle-washing potencies, etc., still used by a few practitioners. Hahnemann, in the later period of his practice, tried to establish the thirtieth potency as the best for general practice, but his selection of this particular dosage was based on purely theoretical and arbitrary grounds. No one who has given the thirtieth potency a fair trial is willing to stamp it as inert, but few of us are willing to admit that the results obtained therefrom are superior to those obtained from the material and demonstrable doses represented by small doses of tincture and the lowest dilutions. Personally, I do not see the necessity for using drugs attenuated beyond the point where they can be physically and chemically demonstrated; besides, the making of high dilutions entails the expenditure of time and valuable material; and, even when conscientiously made, the product cannot always be absolutely vouched for. Should the occasion arise in which a low potency fails to cure, the higher can be resorted to. Hahnemann, however, advised going down the scale instead of going up, under these circumstances, as is generally believed.

We often hear the statement made by physicians that such and such a remedy only acts in such and such a potency; the one will claim to get the best results from the same remedy in the thirtieth, considering it inert in lower dilutions, while the other believes it to be of use only in the tincture. The bare fact that these statements are so at variance among different practitioners demonstrates that it is purely a matter of personal preference, and not one of authoritative clinical experience. I have not been able to satisfy myself that results could not be obtained with the lower dilutions of remedies classed by some who assume a position of authority as being active "only above the twelfth dilution," or "gives the best results in the thirtieth,"

etc. It is time that such arbitrary statements be accepted purely for what they are worth, which on investigation will be found to be very little, and that they shall not stand as universally accepted principles in the homœopathic school.

I take great pleasure in quoting from an admirable article upon the question of potency by the venerable Dr. R. E. Dudgeon (*Medical Century*, February, 1903), than whom no higher authority in matters pertaining to the practice of homœopathy is living to-day :

“My practice has gradually settled down to a very limited number of potencies, ranging from the crude substance or mother tincture to the sixth dilution. I have occasionally, of course, given higher potencies, even as high as the thirtieth, but I cannot say that I have seen better effects from these than from the lower potencies I habitually use.”

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#### A RARE CASE OF BILIARY FISTULA.

BY J. WILLIAM HUGHES, M.D., ATLANTIC CITY, N. J.

(Read before the Atlantic City Homœopathic Medical Club, Jan. 16, 1903.)

THE following case is one that, to myself, was not only interesting, but peculiar. To those of you whose experience in the practice of medicine is not so limited as my own, the case may not be so rare ; but in consulting text- and reference-books on the subject, I have not been able to find any reference to it, so I take it to be of rather rare occurrence.

About one year ago I was called to attend a woman who gave birth to twins. The delivery was void of any difficulties, and, after the mother had been made comfortable, I dressed the stumps of the cords in the usual way, each being antiseptically cleansed, dried and dressed with equal care. At my first visit, I noticed that the stump of the first and larger infant was drying nicely, but that of the smaller was putrid and very moist. The nurse claimed that she had taken equal care in cleansing. At each visit this same condition was found, and on the fifth day I removed the foul-smelling putrid shred that was left. The base of the umbilicus was highly inflamed. This was cleansed with dioxygen and bichloride of mercury solution 1-3000, then dried and powdered with calendulated boracic acid.

Each day I found the umbilicus covered and dressings saturated with this yellow, putrid discharge, the base of the navel gradually protruding, and very much congested. An opening in the centre of the protruded base was the source of the discharge, and at each examination I was able to pass a probe upward and to the right along the course of the umbilical vein. Accompanying this condition, now, there were fever, with rigors almost to the point of convulsions, at times; general wasting of the tissues; slight diarrhœa; vomiting; a pronounced jaundice and extreme weakness; there were no signs of an abscess-cavity, nor even a cellulitis of the surrounding area; so I made up my mind I had a phlebitis of the umbilical vein to contend with. The canal was cleansed three to four times daily with dioxygen and mercury bichlor. sol., and baptisia 1x and arsenicum alb. 3x given internally.

This condition kept up in spite of frequent cleansing and treatment, and each day the probe could be passed higher. The base protruded more and more, and would bleed easily from the slightest touch. This base I found was granulating tissue, and was stimulated, no doubt, in its fast growth, by the calendula in the dressings; it assumed the shape and size of a medium-sized strawberry, which it resembled very much, with the opening of the canal at its conical point.

Finally, the discharge began to turn green in color and irritate the skin wherever it touched, being very profuse; the putrid odor disappeared, and the probe could be passed its full length. The jaundice gradually faded, and stools became a yellowish clay color. These symptoms led me to believe I had a biliary fistula, but I was puzzled how to treat it.

I put the child on merc. viv. 3x and echinacea  $\theta$  iij gtts. every two hours, thoroughly cleansed the fistula with sterile water and injected five drops of tr. iodine, passing it up toward the liver as far as possible with the probe and manipulations of abdominal wall, then ligated the stump of granulation tissue at its constricted base with linen bobbin. In five days the stump dried up and fell off, leaving a navel as perfect as any I have ever seen; and at this time—about one year—the baby is healthy and fat, and rivals its twin brother in size, with no liver symptoms nor any signs of interference with the biliary functions or organs.



## THE HOMŒOPATHIC JOURNAL.

BY C. E. FISHER, M.D., CHICAGO, ILL.

THE very entertaining and erudite editorial upon the above subject which graced the pages of the HAHNEMANNIAN MONTHLY for October caught my eye, and has set me to thinking whether or no the complaint of the correspondent to which the editorial was answer might not contain a good deal of merit—making it purely impersonal and applying it to homœopathic journals in general.

During my long journalistic experience I do not remember to have been impressed with the idea that there was a “dyspeptic, aching void” in the field of homœopathic journalism. On the contrary, I then believed, as I do now, that our journals compared very favorably with the best old-school periodicals.

But now that I am not in journalism and am but an ordinary mortal, a practitioner of medicine and surgery, relying in good part upon our periodic literature for my daily and monthly pabulum, I am impressed by the fact that there is something lacking in homœopathic journals for which we of the profession feel a need. And I am led to believe that it is this missing something for which your complainant is looking, as he scans our periodic literature for a journal which shall teach him scientific and practical homœopathy.

No homœopath can fail to be fairly proud of the general character of many of our best journals. Their standard is high, their pages well-filled with general medical and surgical knowledge. But in your complainant’s case this is not that for which he is looking. Of general journals he has able ones in his own school. Of special journals, in surgery, obstetrics and gynæcology, neurology and ophthalmology, as also in other lines, he is well supplied. It is in therapeutics, the essential essence of medicine, that he is shy, and he turns to us for help.

Yet what does he find? In a general way the same kind of journals his profession issues. In a general way very able pe-

riodicals, treating of all the departments of medical science, even including approval of many a method which in his own school has already become obsolete. But he fails to find that we are possessed of journals treating of homœopathy as "a specialty in therapeutics," as he has special journals in other lines. In other words, he tells of a crying need when he suggests that he wants a "homœopathic" journal.

It does not strike me that the HAHNEMANNIAN has given him good answer when it offers that it is conducted along lines laid down by the American Institute's definition of what constitutes a homœopathic physician. To his mind a homœopathic doctor is one who practices homœopathy. Hahnemann was a homœopathic physician, Hering another, as also Guernsey, Walter Williamson, Carroll Dunham and others who might be named, and who made our system what it is. They needed no definition by the Institute or any other body to define their status. Our allopathic friends have a right, as has also the public, to expect that so long as we keep up our distinctive standing as a separate school we differ from them in that we are homœopaths, not cosmopolitans in medicine. And it seems to me your correspondent shows clearly that he is in search of a periodical which shall be a specialist in the line of homœopathy, as special journals in other lines are specialists in deed and truth.

I feel that such a journal is needed. Not all the cosmopolitanism that medicine has ever conglomerated will supplant or succeed straight homœopathic practice in bedside work. The great German reformer left us a heritage the value of which too few of us in these days understand, and your correspondent evidently wants to know all about that heritage. It is full of philosophy, logic and practicality, and has he not a right to expect that our journals shall expound our philosophies, shall dwell upon our logic and make it clear to him, and shall explain and demonstrate our methods in practice? The Lord knows the homœopathic profession needs exactly that kind of journals for its own benefit in these materialistic medical days.

The Institute's definition of a homœopathic physician is, to my mind, but a dictionary definition. It was prepared for the "Encyclopædia Britannica," and, while truthful as to verbiage and catchy as to phraseology, it is little less than a subter-

fuge as to fact. The true homœopathic physician is one who thoroughly believes in and consistently practices homœopathy, according not only to the homœopathic law of cure, but to equally essential tenets laid down by Hahnemann. A man or woman may be a homœopathic physician, in the true sense of the term, who knows little or nothing of general medicine and surgery. Conversely, a man may know everything knowable by a single being about general medicine, and he may believe in the truth of the homœopathic law besides, and yet in no correct sense be strictly a homœopathic physician. Faith alone doesn't make a Christian; it takes works to round him out. So, likewise, faith in the homœopathic law doesn't make a man an out-and-out homœopathic doctor. By his works must he be judged. If he is a mixer, a conglomerationist, a polypharmaceutist and prescriber of proprietary remedies, he hardly fills the bill laid down for him by the founder and finisher of our faith.

Hippocrates believed in the truth of the homœopathic law, yet he could hardly be called a homœopath. Osler has more than once given a certain amount of acceptance to *similia similibus curantur*, yet he can hardly be styled one of us. It is not enough that a physician should believe the occasional applicability of similia, nor that he should even hold it equal to the emergency in 50 per cent. nor 75 per cent. of his cases, in order to be a good and true homœopath. Our law is a law, and worthy of all acceptance, or it is only a rule or occasional guide, wavering in value with human judgment, capable of all kinds of elasticity, and nowise giving us a right to separate existence as a school.

Not to be misunderstood, I withhold no credit to our journals of to-day that they deserve. Many of them are up to the standard I tried to set for the journals over which I presided during an extended editorial career; some of them above it. But as a practitioner-student of periodic literature, instead of a conductor of a journal, I find there is something missing in most of our periodicals, and that something is the essence of our work,—homœopathic philosophy and homœopathic practice. I therefore sympathize with your complainant. I also am hunting for that for which he is looking. Several of our old journals contained it,—good, homœopathic meat in abun-



dance in every issue,—as the *North American*, under Lilienthal; the *HAHNEMANNIAN*, under McClatchey; the *British Journal of Homœopathy*; and, if I remember rightly, the *American Journal of Homœopathic Materia Medica*, under the late Dr. Thomas. I verily believe our profession is suffering because of the lack of just what your correspondent seeks. I am sure I feel its absence, and I shall rejoice and be glad if some of our periodicals should conclude to largely leave the general subjects pertaining to surgery and medicine to the journals of the older profession, and bring themselves to be almost or exclusively specialists in the line of homœopathic philosophy and therapeutics.

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### THE FERRIC CHLORID REACTION IN DIABETES MELLITUS.

BY CLIFFORD MITCHELL, M.D., CHICAGO, ILL.

Professor of Renal Diseases in the Chicago Homœopathic Medical College.

THE clinical importance of the ferric chlorid reaction in the urine of diabetes mellitus has been the subject of several articles by the writer in previous issues of the *HAHNEMANNIAN MONTHLY*. When these articles were written, the writer had not as yet seen a case in which the reaction disappeared after once it was noticed to be present for any considerable period of time. Recently, however, an interesting case of disappearance of the reaction has come under observation, as follows: A boy of 13 suddenly manifested the usual symptoms of severe diabetes mellitus—polyuria, polydipsia, loss of weight, glycosuria, and the red color in the urine when ferric chlorid solution was added to it. Both breath and urine had the characteristic fruity odor. The disease had progressed for several months before the writer saw the case. Diabetic diet was ordered, and it was suggested to the patient that lettuce, with olive oil as dressing, be eaten, as freely as possible, at least twice a day, and as much exercise in the open air taken as was possible without fatigue. These directions were faithfully carried out, and, in addition, phosphoric acid, 1x dil., taken as a remedy, with alkaline mineral water, hot, before meals. Improvement was not slow in taking place. The boy began to gain flesh in

a few weeks, and in a month or two the fruity odor disappeared from breath and urine, and the red color with ferric chlorid could not be obtained. He rode horseback nearly every day during the autumn and winter, and by spring weighed more than ever before in his life; his urine was normal in quantity and specific gravity, while sugar on some days was absent altogether; on others, present in quantity between 1 and 2 per cent. only. This improvement lasted until the summer of the next year, 1902, when the quantity of urine began to increase again, as well as that of the sugar. At the present time, February, 1903, he is passing about three quarts of urine in twenty-four hours, of a specific gravity of about 1030, containing from 2 to 3 per cent. of sugar; but there is as yet no reaction with ferric chlorid, and he is not only still holding his weight, but has gained a little more. He has not been able to take as much out-door exercise during the last six months as in the previous year, owing to the unusually wet weather in the West, which may perhaps account for the increase in the glycosuria.

The future of this case is of course problematical, but the disappearance of the ferric chlorid reaction on a diet rich in fats and green vegetables, coupled with regular out-of-door exercise, is worthy of notice. It is possible that, with the spread of information derived from urine analysis, cases of diabetes mellitus being recognized more promptly, and hence treated more promptly, may at least be checked for a period of months or years, and a better chance given the patient for ultimate recovery than when he is allowed to waste to a skeleton before being given therapeutic consideration.

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#### LARGE AND SMALL DOSES.

BY E. M. HOWARD, M.D., CAMDEN, N. J.

(Read before the Philadelphia County Homœopathic Medical Society.)

A good deal is now being said about the duality of drug-action. In this society attention was recently called to the fact that prominent old-school writers were beginning to recognize two forms of drug-action that are at times diametrically op-

posed to each other. From the writings of Hahnemann down to the present time our own school has given more or less attention to the subject of drug-action and re-action, and the primary and secondary effects of drugs.

Before entering into a discussion of the relation of large and small doses to this subject, let us first notice that, as there are here involved two entirely different ideas, we shall be misunderstood unless we differentiate carefully.

When our old-school friends are discussing a duality of drug-action, they are speaking of the fact that drugs which will produce ordinarily, in the healthy person, certain marked poisonous or physiological effects, will, when given to the sick, produce exactly opposite conditions; that is, they will cure cases with some of the first kind of symptoms. For instance, in large doses ipec. will produce vomiting in all well persons, but in small doses it will cure a sick stomach. This is spoken of as the dual action of ipec. But the first part of such duality is the result of our study of its pure physiological effects, its pharmacology; while the second part of such duality is the curative action of the drug upon the sick, or its therapeutical effect. They are not talking of a duality of drug-action, but of two distinct subjects—one of the disease-producing power of the drug, the other of the curative power of a drug. It is the same old mistake, made over and over again, first checked, but not stopped, by Hahnemann, of attempting to discover the real nature of drug-action largely from its therapeutic or curative side.

As Hahnemann has so masterfully pointed out, there will never be any true knowledge of drug-action obtained in this way. The only way we can know certainly the powers of a drug is by learning first its effects on individuals during health. The facts concerning its therapeutic power is another subject, calling for a supplementary study, though its results must eventually be correlated with the first.

But we must not call the action of drugs on the well, and their curative action on the sick, a duality of drug power. We must separate pharmacology from therapeutics in our study of drug-action, and consider each separately.

Having made this distinction, we shall find that each of these subjects does present a phase of duality in drug-action



which is worthy of extended study, being not only intimately connected with the question of dosage, but vital to the cause of homœopathy.

In my paper written for the American Institute last June, and published in the October *HAHNEMANNIAN*, I have pointed out the fact that there is a distinct duality of drug-usage therapeutically. I have therein shown that most old-school drug-usage at the bedside is aimed at the production of definite mechanical results, and for this purpose it is necessary to use large doses, sufficiently large to produce marked physiological effects; while the aim of homœopathic medication is to bring about a cure by drugs selected in accordance with the law of similars, and for which small doses are required. Between these two extremes there lies quite a large common ground, where each school overlaps the other. There are a number of conditions where the old school use medicines empirically for curative purposes in moderately small doses, less than necessary to produce marked physiological results, and get results that cannot be explained upon any known mechanical or physiological principles, but which we recognize as coming strictly within the domain of the homœopathic law.

On the other hand, there are a great many conditions in which the homœopathic physician uses drugs in large doses to produce definite mechanical effects which aid in the restoration of normal conditions, but whose benefit is not explainable in accordance with any law of cure, and does come strictly under the laws of mechanics or physics.

I trust I have therein shown that there exists, therapeutically, a well-marked duality of drug-usage, the limitations and possibilities of which should be more fully realized and understood. The homœopath has just as much right to use drugs in large doses for such mechanical purposes as has the allopath to use small doses of *ipec.* to cure sick stomach; and both may do so without in any way impairing their right to be considered adherents of their particular school. The homœopath is no less a believer in his law of cure because he uses drugs for mechanical purposes, and the allopath does not become a homœopath because he uses small doses of drugs in a curative manner (though how he can help it I cannot understand).

Let us understand then, that at the bedside and for the re-

lief of sick persons there are two distinct ways of using drug power :

*First.*—For distinct mechanical purposes which reason dictates as being essential for relief. (Rationalism of modern old-school therapeutics.)

*Second.*—For their curative power over diseased conditions, which result may always be demonstrated to be in accordance with the homœopathic law.

For the first purpose it is well known that large doses must be used—enough to produce the characteristic physiological effect of the drug. In the second instance, small doses are a necessity, at least somewhat smaller than required to produce physiological effects; and experience shows that the dose may often be infinitesimal in character and never large, except in the presence of potent poisons, when the need of larger doses may be explained on antidotal grounds. (Syphilis, malaria, etc.)

But this duality of drug-usage, with its consequent variation of dosage, has nothing to do with the question concerning the relative effect of large and small doses as matters of pharmacology. The true student of materia medica must first know what pure drug effects are, how they affect healthy organs and tissues; and for this purpose must not consider their therapeutic action. One great obstacle to materia medica study, to-day, is the fact that in all works on the subject therapeutics and pharmacology are sadly intertwined. In old-school works, it is impossible to untangle them; in homœopathic ones, observations at the bedside and clinical symptoms have been admitted all too much for the purity of our knowledge of drug-action.

The duality of drug-action recognized by homœopathic writers has reference to a sequence of symptoms observed in the study of drug effects upon the healthy, and is therefore a pure question of pharmacodynamics.

From Hahnemann down to the present time, this question of the action and reaction of drugs has occupied the attention of our deepest thinkers, and it is therefore with considerable diffidence that I continue to urge views which are somewhat different from those which have usually obtained.

As I stated in my paper read before this body two years ago, I have been forced to the conclusion that drug-action sets up a continuous chain of symptoms, whose apparently contradictory

effects are but the natural results of disturbed physiological processes. These processes may be easily understood if we will but remember that the increased activity of overstimulated organs must inevitably be followed by a period of reaction or inaction. It follows, therefore, that this so-called alternation of symptoms is really not so much a question of drug-action as it is a test of our knowledge of intricate physiology.

It is inconceivable to me that, given the same conditions, any drug should act in one way at one time and in another way at another time. It would be absurd to believe that belladonna will sometimes dilate and sometimes contract the pupils of the eye, dosage and conditions being similar. We may be sure that drug-action is constant, and that when we find seeming contradictory effects, we have misunderstood the physiological processes involved.

We may assume that the effect of all drugs upon organs or tissues is one of irritation. I cannot conceive of poisons acting in any other way, for they are foreign influences and must excite. As we all know, even the narcotics, if given in small enough doses, will show a period of excitement in the very organs which they ultimately narcotize. For example, witness the excitable stage of opium and alcohol intoxication.

While every drug is capable of affecting the living organism in its own peculiar but definite way, the apparent effect will vary with the size of the dosage given. The differences will, however, always be those of degree and never of kind. The size of the dose determines the apparent stage of the drug pathology.

If a poisonous drug is given in small enough doses, it will be found to specifically irritate or augment the function of some particular part of the organism which it especially attacks. Thus a chain of symptoms is started which, by reason of the reflexes, gradually involves other organs and tissues, a complete comprehension of which requires profound physiological knowledge. The smaller the dose capable of producing manifest disturbances, the more characteristic of the individual power of the drug used will be the symptoms obtained. If this drug irritation is continued by repeated doses, or larger doses are substituted, more profound disturbances are produced, and a wider range of reflexes is influenced, giving a much richer



symptomatology. But these symptoms will be necessarily more general in character, and less characteristic, since these wider reflexes may also be excited by drug-action, or other influences, disturbing other regions and tissues.

If now the drug is repeated sufficiently, or an overpowering dosage given at the first, the limit of endurance will be reached, complete exhaustion of the organ or function is produced, all reaction ceases, a state of inaction ensues, often producing symptoms directly opposite to those of the first stage, and we then have the condition generally spoken of as secondary. Finally, if the poison be potent enough, the entire organism goes into a state of collapse, and, the last link in the chain, death takes place.

It is well known that by the administration of a large dose of some drugs we may produce as an immediate result even this last stage of collapse. This is true of aconite, alcohol, digitalis, prussic acid, and many other drugs.

The chain of drug symptoms must be, theoretically, and often is, really, a complete one, though in our observations we may meet it only in some of its links or stages. It would seem, however, that by varying the size of the dose we ought to be able, theoretically, to produce at will, and as an immediate effect, any stage of the drug-disturbing process.

This theoretical idea has a most practical bearing, since, if it can be shown to be a truth, it will take us a long stride towards the solution of that great enigma, homœopathic dosage. Granting the possibility of producing any given stage of drug disease, the prescription of medicine would become an accurate scientific proposition; for in place of any form of symptom matching, an accurate estimate of the exact stage of the disease pathology would be demanded, and the selection for that condition not only of a drug capable of producing it, but also of the approximate dosage necessary to cause a similar stage of the perverted physiology.

Examples of the possibility of this truth may be found in our therapeutic experience with many drugs. I will quote the following.

Digitalis is used in large doses to brace up a weak heart. This certainly is the last stage, the last link in the chain which began in stimulation. It is a condition that can be produced

primarily with a large dose, or as a cumulative effect; and for the relief of such cases large doses are found clinically necessary. I know that these beneficial results may be and are usually explained upon purely mechanical grounds, but they also appear to be in accord with the suggestion I have here made.

Podophyllum offers another most significant example of this possible truth. Clinically it has been found useful in the three following bowel conditions:

*First*, in small doses (the higher dilutions), it is curative for a diarrhœa characterized by yellow, painless, watery stools, pouring out like water from a hydrant, and worse in the morning. Such symptoms are not producible in the healthy with ordinary purgative doses, but can be caused by small doses frequently repeated.

*Second*.—Podophyllum is also curative for a diarrhœa having slimy, mucous, offensive stools, preceded by colic, and accompanied by heat and pain in anus and prolapse of rectum. These are the symptoms ordinarily produced by purgative doses, and represent a later stage of the drug pathology than the first group, and in my experience have required for their cure more material doses than the first variety.

*Third*.—Podophyllum has been found useful by both schools for a condition of constipation with clay-colored stools, jaundice, and other evidences of disturbed bile-function. Now these symptoms are surely the last links in the chain, starting with watery stools, by podophyllum. They are, in some sense, the opposites of the first conditions, and represent clearly the natural effect of the over-stimulation of intestinal processes. Such conditions are produced only by the abuse of large purgative doses, and such conditions are frequently cured by large purgative doses.

Now then, is this curative result simply an example of its mechanical effect, the out-scouring of a purgative, or is it an illustration of an underlying law of dosage that is thus forcing itself upon our attention.

If there be any such law governing our dosage, let me suggest that it should be expressed in the same identical terms as that we now use for the selection of the remedy. *Similia Similibus Curentur* would express the fact that such dosage

must be approximately similia to that which will produce the stage of the diseased physiology presenting. Such a fact, if established, would further confirm the claim of Dr. C. S. Mack\* that the law of similars is not restricted to the selection of drugs alone, but is one of universal application.

*Questions for Discussion.*

*First.*—Is it not true that in therapeutics we have failed in the past to properly appreciate the dual character of drug-usage at the bedside, not only as explanatory of the reason for using the drug, but also as determining the dose?

*Second.*—Is it not true in pharmacology that drug-action sets up a continuous chain of symptoms, interdependent upon one another, and which must be studied as a whole?

*Third.*—Is it, or is it not, true, that the size of the dosage determines the *apparent* stage of the drug disturbance?

*Fourth.*—Is it not true that medical experience with the drugs mentioned indicates that the best curative result is obtained by doses analogous to those which are necessary to produce such conditions as present?

*Fifth.*—Is it possible to formulate a law of dosage?

DISCUSSION.

DR. J. W. HEYSINGER: I heard Dr. Howard's paper, somewhat on the same subject, read here by him about two years ago, and I then considered it one of the most important medical papers I ever saw, or heard read.

I have regretted that Dr. Howard, who has the rare faculty of getting more substance into the same space than almost any man I know of, has not seen fit to elaborate the principles which he has presented, and put them in a more permanent and accessible shape; for, so treated, they could not fail to become of world-wide importance, not only to the homœopathic, but to all schools of medicine. I saw at once, two years ago, that these views of Dr. Howard furnished the first comprehensive basis on which all schools of medicine stand, that they co-ordinate and make intelligible what for ages has seemed contradictory and obscure, and afford a solid ground from which

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\* See article, "Anent Amalgamation," in February *Clinique*.



new explorations can be made into that unknown which it is the duty of our profession to make, and which it will fail to do only when it has ceased to become an advancing science, and has become a fixed and slowly decadent art instead.

The broad generalization, deduced by Dr. Howard for a study of facts of which his paper is merely a syllabus, that all drugs act always, each along a single line of symptoms or drug-effects, and that what we call secondaries and primaries are mere figments of our own partial views, is of controlling importance, and gives the key to unlock mysteries of the highest importance, and as old as medicine. His views, also, as to what he chooses to call mechanical effects, but which I have always preferred to call "mass-effects," or "mass-action" of drugs, throw a flood of light on that vast twilight sphere in which a rock must be rolled away first, before we can even explore the recesses of morbid activity within. And from this, his graphic corollaries of the overlapping middle ground of the different schools, and which a man of our school and one of another occupy in common without either of them ceasing to be of his own school, either in theory or practice, and the gradually coalescing centres from which these overlapping fields extend, point inevitably and irresistibly to that time when, like the at first blurred and dizzy double images seen in a stereoscope, both will suddenly merge into one, and a depth, brilliancy and clearness will suddenly spring forth, and medicine will again resume its steady and united course; these, though only suggested, are exceedingly brilliant foresights, and point the way to a glorious future of medicine, when science shall have taken the place of empiricism, and the healing-art be something without dogma and without denial.

The question of dose crops out all through Dr. Howard's paper, but as a co-ordinate element in his philosophy; a multiplication of small doses leads up to their integration in a large dose, and large doses act merely as an accumulated energy along the same lines. In a great steam-hammer the gauge can be changed at will, by a finger's pressure, to crack a filbert as between thumb and finger or crush a car-wheel flat: it is the same engine, the same energy, the same controller; there is no antagonism, but only progression of power and intensity.

We all know how blindly and uselessly contests raged, years

ago, in our own special ranks, over the dose-question. That larger knowledge, which gives to each experimenter freedom of experiment, was looked upon with distrust, and this dogma here and that dogma there took its place, many seeming not to know how little we know of physical processes or phenomena, or of what they consist, or of their limitations. That day, in the dawning light of the greater science, in which we stand in awe before "simple processes," with which, in a day of lesser knowledge and study, we deemed ourselves quite familiar, and that all who doubted were simply ignorant or depraved, is gone forever from among the leaders of science, and their followers will soon universally drop into the great procession, where all walk humbly, and seek but to know, and not to dogmatize or assert. The battles of potencies have been fought in our ranks; there was truth everywhere, and bias everywhere.

I will conclude what I have to say by reading a few lines written years ago, and which in a general way embody the conclusions to which we have at last and happily come :

A terrible battle was fought, one day,  
Or at least was intended to be,  
Between the High Potencies and the Low,  
And the people came running to see.

They went at each other with hammer and tongs,  
But each feared the other might win,  
And they shook in their boots, and sent out for recruits,  
To join in the horrible din.

The great brawny blacksmiths poured out of their shops,  
With their aprons and hammers and all ;  
Some carried great sledges, with rough and coarse edges,  
And some carried hammers quite small.

And the painters swarmed out, with their paint-pots and brushes,  
And formed up in column and square ;  
Some carried a brush big enough to paint mush,  
And others, as fine as a hair.

And then came the lawyers, who dragged out their cases  
Like batteries ranged all around,  
Some scarce carried costs, while great holocausts  
From others bespattered the ground.

And even the teachers, and speakers, and preachers  
Brought their weapons to join in the fray,  
Some great and some small, and some scarcely at all,  
As if Satan himself was to pay.

And they called out the cobblers, with hammers and lasts,  
 Who were busily pegging away,  
 Some shouted, "Bring hammers like great pavement-rammers,"  
 And others, "Bring small hammers, pray!"

Then the cobblers stopped pegging, and cried in surprise,  
 "To which side our tools shall we bring?  
 The hammers *we* use are for all sorts of shoes,  
 But to get a good fit is the thing."

The warriors, astonished, suspended their fight,  
 To consider the case, and agreed  
 That the cobbling *we* do is like cobbling a shoe,  
 And that each one might work to his need.

And now, when some shouter comes shouting for this  
 Or that dose, you may know that the wight  
 Was working his shanks, to keep out the ranks,  
 Instead of his gun, in that fight.

DR. EDWIN H. VAN DEUSEN: I wish to express my approval of the paper to which we have listened, and also of the paper by the same author published in the October HAHNEMANNIAN, which is carefully entitled "The Dual Character of Drug-Usage."

A discussion of the nature or theory of drug-action may be an excellent stimulus to cerebration, but it so quickly becomes controversial, and is so barren of useful results, that personally, when my brain shows signs of weakness, I prefer golf or some other similar form of excitation.

A discussion of drug-usage, however, touches all of us in spots that are vital to our relations to our patients, to each other, and to our friends of other faiths.

All of us who are affiliated with the homœopathic school live, whether we fight or play, sink or swim, under the protecting folds of the banner upon which is emblazoned the motto *Similia similibus curentur*. While this may mean many things to many people, I take it for granted that all understand its application to be chiefly to drug-usage. I would say exclusively except that such remedies as heat for a burn have been included under the same law.

The law of similars is not a dictum of Hahnemann, which we have sworn to obey, notwithstanding the fact that our rational brethren of the dominant school prefer to place such an interpretation upon it.



It is simply a terse statement of the correlation of facts. Everybody may avail himself of it. It is neither more nor less a fact now than 100 years ago, and will be the same 100 years hence. When an antitoxin has been found for every poison, ipecac will still relieve vomiting, aloes will still relieve diarrhœa, squills will still relieve polyuria, just as surely as ipecac will still cause emesis, aloes will still cause catharsis, and squills will still cause diuresis.

Any physician who neglects to take advantage of his knowledge of the homœopathic principle is wasteful of his opportunities and unfaithful to his patients, unless he has found a better means of relief.

The first duty of every physician is to relieve his patients in the most prompt and efficient and comfortable way known to him. We call ourselves homœopathic physicians because we believe that in the matter of drug-usage the law of similars points out this way and offers to us the best method of drug selection known.

Our brethren of the dominant school call themselves rational practitioners, perhaps because they do not believe there is any best method known. They prefer to select drugs without regard to any fixed principle, but rather as the result of their experience and best judgment founded upon their knowledge of the nature of the pathological process and of the physiological action of the drug or drugs. This naturally leads them to the use of the largest dose of the given drug that the patient can bear without distinctly harmful results. On the other hand, it is a corollary of the homœopathic principle that the best dose is the least dose that will accomplish the result.

As Dr. Howard has so clearly shown, the point of departure in the practice of the two schools of medicine is in the matter of drug selection. In all other particulars there is no reason why we should not work in harmony and profit by the discoveries of all medical investigators, upon which, by a generous common consent, there is neither patent nor copyright.

Any one who attempts to prevent the exercise of my best judgment in the treatment of my patients is interfering with the exercise not only of my rights but my duty; and anyone who condemns or ridicules the progress in medical knowledge, resulting from current investigations chiefly of the old school, is blind to his privileges and unfair to his intelligence.

We are searching for facts and for a correct interpretation of their relationships, and no one need be afraid of the truth.

The selection of the dose is often of almost as much importance as the selection of the remedy, and Dr. Howard has hinted at a possible relation between the order of development of symptoms in provings and the size of the dose that will best accomplish the relief of these symptoms.

Let him determine the facts and tersely state their relationship with some of his confreres and a host of our posterity will discover that not all of the greatness died with the nineteenth century.

DR. PEMBERTON DUDLEY: That there are immense differences between the effects of large and of small doses of drugs, is a matter sufficiently known; and this, whether the drug be employed with pharmacological or with therapeutic intent. This difference in the types of manifested drug-action has been noted as occurring under varying circumstances which do not admit of any single explanation. The essayist of the evening has referred to this fact. He has made two statements that must, sooner or later, be accepted by all medical thinkers. One is, that the fact that a drug can cause and cure the same group of morbid symptoms does not constitute proof of the "duality" of drug-action. The other is, that it is incredible that a drug can act in different ways at different times on the same organism under similar circumstances. So long as a potent drug remains in pharmacological relation with a vitalized organism, it must continue to affect that organism in the same way. If, in the course of its action, the phenomena change, this change is not attributable to a change in the influence of the drug, but to modifications induced by drug power in the functions of the organism.

Just here the therapeutic theorizers of both schools of medicine are prone to lose their heads in the mazes of specious, but absurd, imaginings. It is quite common for both homœopathic and allopathic writers to declare that the symptomatic manifestations which attend the action of the drug are but "the effort of Nature to rid herself of its presence." As if "Nature" cares a farthing whether she gets rid of the offending drug or not; as if she possessed the intelligence either to put forth an

"effort" or to perceive the need of making one. "Nature" is not intelligent. The fallacy of attributing "cures" to the *Vis Medicatrix Naturæ* was fully exposed by Hahnemann nearly a century ago, and shown to be irrational in conception and destitute of experimental foundation. The assumption is but a part of the mediæval illusion which ascribed to "Nature" the characteristic qualities of living, thinking, volition, and intelligent action. In the opinion of the speaker, it is rather humiliating to think that so grotesque an idea should be entertained by the medical profession at this late day.

Our use of the phrases "action and inaction," "direct action and indirect action," "direct action and counter-action," "primary and secondary action," is characterized by so much confusion as to remind one of the saying of the Duke of Argyll: "Half the perplexities of men are traceable to obscurity of thought hiding and *breeding* under obscurity of language." Take the phrase last mentioned: if a member of this convention should speak of "the primary and secondary effects of drugs," how many of us would know what he meant?

But that particular form of "duality" in drug-action manifested by the use of the large, and the small, dose, must almost certainly be due to a difference in the intensity or quantity of the effect rather than to its essential quality. I cannot cite illustrations in number, but would like to mention one brought to the attention of one of our medical clubs last Tuesday evening by Dr. Snader. He described in his own graphic way, the cardio-tonic and the cardio-tetanic action of digitalis, the one augmenting, the other arresting, functional activity; the one conservative, the other destructive, yet both working along an identical line. Do not the small and the large dose alike exert their specific activity in harmony with the specific affinity of the drug? Do not both act on the same tissue and the same function, yes, and in the same direction and in the same manner?

There is almost a certainty that after a drug has forced a vital function to a point above or below its normal rate of activity (thereby causing a certain group of symptoms) the function will swing back to a point nearly as far in the opposite direction (producing a different group of symptoms). This phenomenon is particularly noticeable in the effect of those



drugs known to have a specific action on nerve, vessel, muscle or gland tissue—the tissues capable of fatigue and repose. The phenomena are those of (first) over-action and (second) diminished action—first labor and then rest. It does not justify the assumption of a duality of drug-action at all.

DR. WM. H. BIGLER: I will not waste any of the five minutes allowed me in complimenting Dr. Howard upon his thoughtful and very interesting paper. He knows that it has been the result of much thought, and that it is calculated to give rise to many new, profitable ideas.

I am not prepared to discuss *seriatim* the points which he has laid down as the specific subjects for discussion, but will only present some considerations as marginal notes, which may assist in deciding the questions proposed.

Although we agree that the pharmacological and therapeutic aspects of a drug should be treated separately, yet we must hold fast to the fact that the real action of the drug is the same in both cases, the conditions only being different; in the one case a healthy, in the other a diseased organism being the subject of its action.

Where the author of the paper says all drugs, as foreign bodies, act as irritants, we agree with the idea, but would prefer using the word stimuli, as less liable to bring up objectionable associated ideas. They act merely as stimuli, causing responses of various kinds on the part of the organism. We do not, however, regard the effects of repeated small doses of a drug as the same as those of one large dose. They differ just as do the myographic curve, produced by a single muscle contraction, differs from that produced by the summation of contractions resulting from frequently-repeated stimuli. We see, too, that if we would arrive at the true, pure effects of a drug in various doses, it is necessary that a single dose should be given at a time, be it large or small, and the reaction be allowed to exhaust itself before repetition, otherwise we have an accumulation of effects which does not represent the true action of the drug. Many effects are erroneously ascribed to drug-action which are merely consequences of some preceding effect, and not ascribable to the direct action of the drug at all.

For example, a fissure of the anus caused by constipation

could not be said to be caused by the drug which produced the constipation. We would wish to emphasize the dictum of the author that the alternation of symptoms does not depend so much upon dosage as upon questions of intricate physiology, remembering always that large and small doses are only relative terms. This, of course, adds to the complexity of the problems to be solved.

As to the central, burning point of the paper, viz., that the effects of different-sized doses of a drug could be made to indicate the corresponding size of the dose to be used therapeutically, it is surely in strict accordance with the doctrine of *similia*, in reality the only true interpretation of the *similibus*; but, in view of the points I have advanced, it seems an unrealizable ideal with our present materia medica, unless we can discover by reference to original sources the size of the dose used to produce the symptoms recorded. Something can be done by reasoning backward, as the doctor has done, from the curative effects of various doses of the same drug; but this allows much room for various individual interpretations of symptoms, and, therefore, militates against the scientific accuracy to which the author of the essay so hopefully points.

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## A CLINICAL LECTURE ON A CASE OF LOCOMOTOR ATAXIA.

BY CLARENCE BARTLETT, M.D., PHILADELPHIA.

(Delivered at the Hahnemann Hospital, Philadelphia, October 26, 1903.)

THE patient whom I bring before you for study presents all the typical phenomena of locomotor ataxia, and has been under my personal observation for twenty-two years. So characteristic are his symptoms that I shall take the opportunity of describing to you the clinical features of locomotor ataxia in general, and omit any consideration of that subject in my didactic course on nervous diseases.

The initial symptoms of this patient appeared thirty years ago. At the present time he is 61 years of age; hence he was quite a young man when the disease first asserted itself. The symptom of which he first complained was the lightning

pains, and this is the usual rule. But he did not call the pains by that name. He ascribed them to rheumatism, because they were aggravated in damp weather. He misled his physicians by seeking treatment for that disease. He did, however, speak of them as "jabbing" pains; and this description should at least have awakened a suspicion in the minds of the medical men whom he consulted as to the true nature of his illness. This tendency on the part of ataxic patients to diagnose their pains as rheumatic is really responsible for the many diagnostic errors made during the pre-ataxic stage. When, after a number of years, disordered gait is added to the pain, the character of the patient's illness becomes evident to the most casual observer. There is no good reason why the lightning pains of ataxia should ever be mistaken for those of rheumatism. The rheumatic pain is a fixed pain; it is limited to a joint, muscle, tendon or aponeurosis; or, if it has neuritis as its anatomical cause, it will be limited to the course of a definite nerve-trunk. The ataxic pains, on the other hand, are not fixed; they come in sudden darts, lasting for but a second or so; they have no fixed location. While apparently the only symptoms from which the patient is suffering, careful examination will almost invariably demonstrate the presence of pupillary disturbances, absence of the knee-jerks, a history of syphilitic infection, static ataxia, and some degree of anæsthesia.

Our patient passed the pre-ataxic stage many years ago. I ask him to stand with his heels and toes together, and the sides of his feet in direct contact; this diminishes the base of support. He closes his eyes. Immediately he totters, and did I not support him, he would fall. This we call Romberg's symptom.

Next, I ask him to walk with his eyes closed. Again he shows well-marked deficiency of co-ordination. In fact, it is impossible for him to walk in this way.

His disease has progressed to such a stage that the disordered gait is manifested at all times. You will observe that he lifts his feet high above the ground, and that, as they approach the floor, the heels come down first. When standing, the legs are hyperextended at the knees.

For many years the movements of his arms were unimpaired. In fact, he followed his occupation, that of a car-driver; and



later, with the introduction of the trolley-system, he was a motorman. Now, however, the accuracy of his arm movements is but little better than that of the legs. When attempting to grasp an object, he hyperextends his fingers to make sure that the hands are opened wide enough to take hold, and then he makes his grasp in an uncertain manner. I ask him to close his eyes and touch the tip of his nose with the first finger of the right hand, and find that he is unable to come any nearer the prospective point than the lobe of the right ear. In other words, his hands are now ataxic.

I next endeavor to determine his sense of posture. To do this I take hold of one hand and bend it at the wrist until it occupies a flexed position. When doing this, I make circumferential pressure, so that he cannot judge of the new position by means of the pressure exerted. I find that he does not recognize the new position of his hand. His sense of posture is lost.

Next I test for the presence of a symptom which is found in all cases of locomotor ataxia, namely, the absence of the knee-jerks, also known as Westphal's symptom. For this purpose, I direct the patient to throw one leg over the other, and I strike a strong blow upon the ligamentum patellæ. In order to make sure that the patient is not inhibiting the knee-jerk by involuntary rigidity of the leg muscles, I ask him to hook his hands together and exert traction. I get no response. As a matter of fact, the jerks in this case have been absent for the past twenty-two years.

Our patient has another symptom which is very characteristic of locomotor ataxia, and that is the Argyll-Robertson pupil. His pupils do not respond to the stimulus of light, but their ability to react during efforts at accommodation is preserved. I notice, also, that the right pupil is larger than the left. In other words, he has pupillary inequality, a common eye-symptom of ataxia.

The pupillary phenomena of ataxia are many and varied. We may have one or both pupils dilated and fixed, or contracted and fixed. The Argyll-Robertson pupil is, so far as my experience goes, found in but two diseases, namely, locomotor ataxia and general paralysis of the insane,—both of them syphilitic disorders.

Our patient presents another very common but not a necessary symptom of locomotor ataxia, namely, loss of control of the bladder function. In his case, the difficulty has been but temporary, and never sufficiently great to constitute a serious symptom. Some cases, however, present urinary incontinence as a serious feature, which persists throughout life. The patient is then obliged to wear a urinal.

The sexual capacity of ataxics is usually impaired. In this case, there was no deficiency until a few years ago. Since he has been under my care, his wife gave birth to a child.

Constipation is a common feature, and may be brought about by two conditions. The usual one is an anæsthesia of the rectum, so that that organ loses its sensitiveness to the stimulus of the contained fæces, and the other is loss of power over the rectal muscles.

Aside from the pupillary symptoms already mentioned, other ocular phenomena may appear. The most frequently observed of these is double vision. In our patient, this symptom has appeared from time to time. This double vision, as a rule, disappears under treatment after two or three months. Generally it is the result of treatment; sometimes, it is despite treatment.

A variation of the lightning pains—one, too, leading to most serious diagnostic mistakes—is the visceral crises. These consist of severe pain located in some one organ, usually, however, the stomach or one kidney, and leading to the diagnosis of biliary colic, cancer of the stomach, gastralgia, nephralgia, or renal calculus. So common have these mistakes become, that the experienced surgeon makes it a routine practice to eliminate locomotor ataxia as a possibility before making an exploratory incision in cases of anomalous or uncertain painful abdominal affections of long standing. The diagnosis of these crises is based upon their association with absent knee-jerks, pupillary disturbance, a syphilitic history, and static ataxia.

I have said nothing as yet concerning the anæsthesia of ataxia. In the majority of cases this symptom is expressed by the patient as a numbness or loss of sensation in the lower extremities. Sometimes he tells us that his feet feel as if padded; that walking on a cobble-pavement is the same to him as treading upon velvet. When such is the case, the recognition of the disturbed sensation is an easy matter. Early in the

course of the disease, bands of anæsthesia may be discovered on the trunk, but they will not be discovered unless the physician makes an examination to determine their presence. In testing for this loss of sensation, do not adopt the old-fashioned method of determining the interval at which two points may be recognized as such. Instead, take the more recent one, which, by the way, is quicker and easier of application. Simply take a pledget of cotton and pass it down the body, requesting the patient to tell you when he feels it and when he does not. Of course, you must go slow enough to let him recognize the touch. In this way these bands of anæsthesia can be discovered, if present.

Trophic symptoms are very common in locomotor ataxia. Of these, two are deserving of special notice. These are the perforating ulcer of the foot and the arthropathy. For many years I saw but few cases presenting this lesion. Later, they became more common. Whether this change was due to deficient observation in the past or to increased frequency of the lesion among my later cases, is, of course, uncertain. In the beginning, these perforating ulcers are insignificant. Many of them heal spontaneously, but some of them are progressive. They generally originate under calloused skin; suppuration takes place; burrowing of pus ensues. The proper treatment for these ulcers is very simple, if one will but forget that they are associated with a spinal lesion. They must be regarded as a surgical lesion, and treated upon sound surgical principles. All callus must be removed as speedily as possible. The resulting ulcer must be kept antiseptically clean with bichloride lotions and dressings; aristol should be applied after the cleansing. The patient must be seen daily, in order that any fresh sloughs may be trimmed off. Under this common-sense treatment, healing proceeds rapidly. Without it, the ulceration is tolerably certain to go from bad to worse.

The tabetic arthropathy, or joint-lesion, affords a fruitful field for mistaken diagnoses. It is probably not too much to say that every case of this character is at some time in its career diagnosed incorrectly. Inasmuch as the lesion is one of the early phenomena of tabes, the patient is too apt to present himself to the surgeon, and he is off his guard, so far as a search for locomotor ataxia is concerned. The ataxic joint is,



as a rule, painless, and the swelling presents a peculiarity which may best be described as spindle-shaped. The explanation offered for the appearance of spinal arthropathy is found in an extension of the spinal-cord degeneration to the structures about the central canal, wherein are located the trophic centres for bone. Hence the phenomena attendant upon cases of arthropathy resemble those of syringomyelia in that there is dissociation of sensory impressions. Such patients exhibit anæsthesia to heat and pain, while preserving the sense of touch.

As to the etiology of locomotor ataxia, I believe that it may be summed up in one word, namely, "Syphilis." And yet there is probably 5 per cent. of the cases of this disease who positively deny syphilitic infection. Nineteen out of twenty subjects acknowledge the truth. The other one may be mistaken, or he may be untruthful. Let us say that the 5 per cent. is equally divided between these two classes. This would make 97½ per cent. truthful, and this speaks well for humanity's honesty in one respect, at least, however much it may reflect upon them in other respects. To say that only 2½ per cent. are liars speaks well, indeed. It is a very easy thing for men to contract syphilis without a moral lapse. When we consider the carelessness of syphilitic individuals, it is a wonder that more do not take the disease in this way.

Notwithstanding the incurability of locomotor ataxia, much may be done in the way of treatment. At the outset we must recognize the limitations of our therapeutic measures, for if we try to accomplish the impossible, we will surely lose the attainable. In the early stage of the disorder, the first and most important factor in treatment is education, by means of the systematic exercises of Fraenkel. Although this treatment has been in vogue for several years past, its technique has only recently been presented to the English-speaking profession in the shape of a translation of Fraenkel's most valuable monograph. We start the patient with the simplest exercises. At first he practices walking along a straight line, *e.g.*, the seam of the carpet. He may then add to the exercise the carrying of a waste-paper basket on his head. We may direct him to purchase a piece of oil-cloth with some simple figure. Then, while seated, he moves the great toe of one foot along the out-

lines of the figure. When he has done this several times, he may practice with the other foot. Later, he may do the exercise while standing on one foot. He may have a hoop suspended from the ceiling, and, while in a recumbent posture, he is directed to try to put his foot through that hoop. The hands also come in for education. Give the patient a board pierced with holes at various distances, and have him put his fingers through these. At first he should attempt to enter but one hole at a time; later, he may endeavor to insert two fingers into as many holes at the same time. It is a simple matter to devise many little exercises like the above. Those who care to look into the subject will find it fully elaborated, as I said before, in Fraenkel's book.

It is not always an easy matter to control the course of locomotor ataxia. There are two causes which tend to make the cases go from bad to worse. One is the ignorance of the patient, and the other is the lack of attention to detail on the part of the physician. As you know, there is nothing to which poor humanity clings so closely as hope. Therefore, an ataxic coming to the physician and being told that he cannot be cured, and that at the best the course of the disease can only be stayed, becomes discouraged. So instead of remaining under the care of a reputable physician, he resorts to quackery. A good illustration of this is shown in a case which came to me several years ago. It was one of those cases in which much can be expected from iodide of potassium. That drug was administered, and the patient was comparatively well. Then I told him that he would never be any better, but that attention to his health was necessary, in order to preserve such health as he had. He did not like that, and transferred his allegiance to a hydropathic establishment, where he was promised a complete cure. He was told of the horrible effects of iodide of potassium and other drugs. In a year he was back to me with paralysis of the right motor oculi. Iodide again pulled him out of his trouble. You would have thought that he had enough of quackery by this time. But he had to talk to an osteopath. The other day he was carried into my office. I thought that now he would be good. No; in a few days he heard of some new fad, which was guaranteed to do more than I had promised, and once more he left me.

Although locomotor ataxia is a syphilitic disease, iodide of potassium does not give the brilliant results observed in the treatment of other syphilitic nervous diseases. Nevertheless, there are many cases in which it is invaluable. I would epitomize these cases as those which are attended by other nervous phenomena than those characteristic of locomotor ataxia, and the cases which are rapidly progressive. Giving the iodide in increasing doses after the so-called American method will oft-times do wonders. The majority of cases of ataxia, however, do not require this remedy.

Another excellent method of treatment in ataxia is absolute rest in bed for a period of two or three months. The patient must rest completely; he must abstain from business cares. He must be massaged regularly. At the end of the period of rest, he should be restored to physical activity gradually. There is one danger in this treatment. The natural course of ataxia is progressive. Suppose your patient follows your directions and goes to bed, but the rest treatment fails to stop the course of the disease as you expected—for failure may attend any plan of treatment. After the lapse of three months the patient gets out of bed worse than when he took to it. He is then inclined to blame the loss of strength upon the prolonged inactivity.

Electricity is a good thing in locomotor ataxia, and it is to electricity that I attribute this patient's remarkable preservation of health over so many years. He has had the faradic brush and galvanization of the spine at regular intervals.

The lightning pains of ataxia require palliation. Do not use morphia unless absolutely necessary. You will find that the much-abused coal-tar derivatives, especially acetanilid, efficacious. As you know, this drug is a cardiac depressant, and hence must be used with care. It is my practice to give the patient ten grains of acetanilid for the relief of the pains. If the result is not good in an hour, I repeat the dose. But I give no more that day until I know my patient thoroughly.

When the lightning pains persist for many days, a good analgesic is methylene blue (medicinal), giving three grains in capsule once or twice daily. There need be no fear of deleterious results from this drug, as I have administered it over long periods of time in cases of acute mania and ataxia.



Among the remedies which should be administered with the idea of retarding the process of degeneration, those which have served me best are nitrate of silver in doses ranging from one-half grain, three times daily, to the second decimal tablets every three hours; chloride of gold 2x, five drops three times daily; picric acid 2x, four times daily; zinc phos. 1x, one tablet three to four times daily; zinc picrate 2x, every three to four hours; and alumina 3x.

**SURGICAL HINTS.**—If compelled to give iodide of potash in large doses it will often be borne best when given in milk, which may be peptonized. This is especially frequently the case with women or children.

Disease germs more readily float in dry air than in an atmosphere charged with moisture. In preparing a room for operation, the use of steam will tend to purify the air by causing germs to fall to the floor, which it is advisable to moisten or to cover with damp sheets.

It is a rule, to which there are practically no exceptions, that if you feel fluctuation from pus anywhere, there is no reason for waiting and poulticing before evacuation. It only makes the abscess larger, infects more tissue, and prolongs the disease. If the diagnosis be uncertain, have recourse to the aspirating-needle.

Air proves a very severe irritant in the case of extensive burns. If several of these are situated upon various parts of the body, they must be dressed one after the other, the object being both to avoid the irritating effect of the air and to expose the wounds as short a time as possible to the chances of atmospheric infection.

In prostatitis, there is often pain at the end of the penis, as in stone in the bladder, but it is commonly less acute than in the latter. In cystitis, the pain is chiefly before urinating, and suprapubic as to location, although, when very severe, it may also be felt in the perinæum. In stricture, the pain is apt to be at or about the seat of the obstruction.

In a case of cancer of the uterus, if the organ is not freely movable, the chances are much in favor of the disease having extended beyond the limits at which an operation can be of value. Yet, before refusing to operate, the surgeon must feel reasonably certain that the immobility of this organ is not due to old inflammatory adhesions, having nothing to do with the malignant process.

In operating on a Chinaman, it is always prudent to find out whether he is in the habit of smoking opium before beginning. If this be the case, he may need a considerable amount of morphine for some time after the operation, which would otherwise be complicated by the distressing effects of sudden withdrawal of opium. The time just after an operation is not the one to be selected for curing the morphine habit. This also applies, of course, to the white opium-eater; but the latter, unlike the Chinaman, will very soon let you know his needs.—*International Journal of Surgery.*

## EDITORIAL.

## RACE SUICIDE.

THE letter of the President on "Race Suicide" has naturally called forth a great deal of comment and discussion, and the bill presented by Representative Blumle in the House of Representatives of Pennsylvania to subsidize the parents of large families shows the absurdities to which his one-sided views may lead. We must remember that the letter was written by a lusty man, in the prime of life, occupying an enviable position before the world, and blessed with all the material comforts which go to make life happy. From such a writer we could hardly expect any other kind of view, and in judging of the question at issue we can accept it only as a personal opinion, carrying with it no authority, scientific or otherwise.

We can here do no more than briefly indicate some of the points of view from which the question is to be studied.

In none of the statements as to the decreasing size of families among the educated and highly civilized classes is this decrease ascribed to sterility, but either to a voluntary restriction of the exercise of the procreative function, or more probably to a rational prevention of its usual natural consequences. We hold that just as the other functions and their exercise are at first purely reflex, but are eventually brought in a great measure under control of the will and higher centres, so the procreative function and its exercise is to be brought under the same control. We are rational beings, and are, therefore, called upon to use and not abuse the various powers of our bodies, and, by our reason, so to regulate the consequences of their exercise as to conduce to the best interests of ourselves and of the community.

But in regard to this particular function we are often met by a sham religion which seeks to throw the responsibility of its own actions upon the Lord. The Lord sends children; if they come, it is His will, and it is a sin for us in any way to

interfere with His purpose. With such views, however sincere, we have no sympathy, for they are never carried out in other respects with consistency. While looking forward to and providing for the various wants and contingencies of their daily lives, these very trusting Christians make use of their reason as others, but in this case they act without regard to consequences. They would think it dishonest to get a coat for which they could not hope to pay but, as for a baby, the Lord will provide.

If, then, we are to use our reason in this matter, by what considerations are we to be governed?

First and foremost, we think the wishes, health and disposition of the possible mother should be consulted. In the discussion of this question which has appeared in the press, this view has met with but little consideration. Here and there, it is true, a voice has been raised on behalf of the woman, by women; but instead of being the first it is usually the last thing thought of. Talk as we (men) may, in beautifully modulated accents, of the glories of maternity, of woman's mission in that respect, of her sphere of influence, etc., we feel in our secret hearts that the price of these is higher than we ourselves would be willing to pay—often. If we look upon woman as something more than a living incubator, with a will of her own, with desires and aspirations not necessarily satisfied by the *rôle* of child's nurse; when we picture the long months of discomfort, if nothing more, which precedes a still longer period of restriction of liberty and of self-development, ushered in by a passage through what seems to all, and is to many, the valley of the Shadow of Death, we surely should grant the woman her right to accept or reject such experiences. How much more just and more beneficial to the race to concede this choice than to compel unwilling motherhood. Those who are fitted by nature to make good mothers will be found willing to accept their responsibilities.

Why, then, should the others consent to be married? we hear some ask, with an air of having cornered us.

This brings up the second consideration: Is there the same necessity at the present time for increasing and multiplying as there was when the biblical injunctions were written upon which so much stress is laid?



The doing away with polygamy shows that such necessity is no longer recognized. Consider the position occupied by woman where and when such precept was inculcated, and the condition of the earth at that time. Only by building up large families and affiliated tribes could a man hope to gain security for himself and for his possessions. Even at the present day, wherever we hear the decrease in the birth-rate deplored, it is with expressed or implied reference to the resulting diminution in the numbers of national defenders. Are the economic conditions at the present time existing such as imperatively demand a constantly increasing birth-rate? Are there not rather indications of overcrowding and lessening of opportunities everywhere? It is foolish, in this connection, to point to the large portions of the globe yet uninhabited, for much of this is unfit for any but the lowest and most "unhuman" human beings, while the rest will hardly suffice to accommodate the inevitable increase in the human race, even with the rational restriction of this increase so much deplored.

If this view be correct, then marriage need no longer be regarded merely as a legalized institution for the breeding of prospective standing armies, and of the more peaceful armies of toilers who shall subdue the land. The economic conditions, therefore, surrounding each individual pair of human beings who desire to be more closely united in their enjoyments, in their labors, and in the process of self-development, should be allowed, without question, to influence them in deciding whether or not they will have children and how many.

Thoughtlessly to bring children into a state of poverty, or even straightened circumstances, only to divide still further the means at command, and to be doomed to a life of struggle for bare existence, is the act of a beast and not of a rational being. It is a cruel injustice done not only to the newcomer, but to all who have preceded. The injustice is still greater if, by reason of the influence of depressing conditions on the health of the parents, sound offspring cannot reasonably be hoped for.

This brings us to a third consideration, that of health. We often hear it well said, that when we give to the breeding of children the same care and attention as is devoted to the raising of cattle, we may hope for a regeneration of the human race. Efforts in this direction have lately been made in some of the

Western States. Laws have been enacted forbidding the marriage of persons afflicted with certain hereditary, transmissible diseases. This is seemingly a step in the right direction; but, since we are now no longer compelled to regard the state of matrimony as a stock-farm, a more logical course would be, not to forbid marriage in such cases, but to attach penalties to their having children. The right to marry is an inalienable right of the individual, whereas the producing of children, ultimately to become a burden, directly or indirectly, upon the community is not such a right. As we wrote several years ago, a proper higher conception of the marriage relation, combined with an extension of physiological knowledge through the family physician, would go far to reconcile these apparently conflicting interests.

Finally, rational beings, besides being guided by the above considerations, should be filled with a deep sense of the awful responsibility they assume in bringing into this world a new being, who will not only himself be either happy or miserable, but who will in all probability start a new line of never-ending influences and forces, either to the benefit or detriment of the rest of mankind. Then will the begetting of a child no longer be an accident, happening in the best-regulated families, but the result of harmonious intention to create a new being, and to endow it with all the best gifts of body and mind.

But what can be hoped for in this direction except on the part of the few, and those held up to ridicule or censure, where numbers, not quality, are the desideratum; when a litter of children is to be rewarded and the best breeder to receive a medal?

Let us listen to the plea of the worn-out, mentally-dwarfed, submissive fruitful mothers. Let us listen to the protests of the myriads of puny, sickly, ill-fed, neglected children. Let us heed the warning given by the swarms of incipient criminals in our slums. Let the hosts of incompetents and unemployed make us call a halt.

A large family is, under many circumstances, a crime to be punished, and not a merit to be rewarded. One rationally begotten child, of healthy, cultured parents, is fortunately more potent for good than is a litter of unhealthy results of unregulated passion potent for evil, else would we be compelled to see in large families the instrument of race suicide.

“MEDICALLY BUT NOT LEGALLY INSANE.”

THE announcement recently, by a judge, after he had appointed a medical commission to establish the mental status of a man accused of murder, that he was “medically but not legally insane,” has aroused professional and lay discussion of what is at the present time a very unsettled subject.

That a person could be considered insane from one standpoint and of sound mind from another would appear as a distinct shock to any one who regarded the law as infallible and medicine as exact. Such an apparent paradox is, however, much less appalling to those who are cognizant of the fact that our standards of knowledge and belief are relative only, and that the heterodoxy of one period may become the orthodoxy of the next. Increased exactitude of knowledge is developed by empirical progression; and as to the question under present discussion, the lay view of insanity is that the subject of it must be obviously incoherent and irresponsible. The law, which in this case merely represents and reflects the settled views of public opinion, demands that there must be some flagrant and demonstrable mental outburst or aberrant status in order to legally establish mental incompetency which will protect in case of irresponsible action, and absolve in case of crime. The legal requirements go even further than this, in principle, for it is a doctrine of law that “the mere fact that a person is insane does not relieve him from criminal responsibility. The insanity must have been such as to prevent the accused from distinguishing between right and wrong in the particular act;”<sup>\*</sup> or, again, “to constitute insanity, there must be a disease which impairs or totally destroys either the understanding or the will, or both. And if the accused was under such defect of reason from disease of mind as not to know the quality of the act he was doing, or was under such delusions as not to understand its nature, or not sufficiently conscious to discern that his act was criminal, or was led by an uncontrollable impulse, he is not responsible. But the defect must be such as

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<sup>\*</sup> “American and English Encyclopædia of Law,” vol. 4.



to render the accused incapable of governing his actions at the time, and so controlling as not to be resisted, creating an overpowering impulse to do the act.”\*

These views, quoted as the type of present-day legal opinion, not only are clear reflections of public sentiment, but they distinctly repudiate all other standards for the determination of insane irresponsibility than those of delusion and uncontrollable frenzy. Behind this, too, lurks the not unreasonable fear that, should less obvious tests of lunacy receive legal recognition, there would be serious hampering of punitive effort in cases of flagrant crime. Furthermore, lawyers are distrustful of the finer distinctions made by the alienist, and sometimes believe “that he has been so biased by the nature of his studies that he will detect insanity wherever he sets earnestly to work to look for it.”†

In other words, the present-day legal concern is not so much with principles as with effects; with latent conditions as with obvious action. For instance, an apparently purposive crime may be committed by a person who, by the ordinary standards, appears rational and mentally competent; and in the course of unhindered legal procedure such person may go to jail or be executed. Yet a skilled medical observer might have observed in this case pupillary irregularities and muscular phenomena which, to him, would have been unequivocal evidence of a type of mental disease the nature of which he could determine and the future course unerringly predict; but without his skilled assistance the man or the woman, by reason of the incipency of the affection and the perfectly warrantable lack of knowledge on the part of the jurist, is included with the common criminal.

Nor can we at the present time severely criticise these obvious judicial mistakes committed by those who make no pretense to skill in mental phenomena, when expert psychologists and psycho-pathologists themselves are embarrassed with the lack or futility of mental definitions. True, there are a few instances, as in the case above cited, where the medical expert can apply established scientific methods in reaching a conclusion; but, in by far the greater number of mental cases, they

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\* *Ibid.*

† Maudsley, “Responsibility in Mental Disease,” p. 25.

are yet classified and diagnosed by the same old symptomatic methods which prevail in the public and legal mind, only a little bit more elaborated. Doubtless the alienist, skilled in the observation of the insane, can form his own opinion, for his own use, of the degree of responsibility or irresponsibility present in a given case of insanity; but such opinion has individual application only, and does not furnish any general principle of guidance which the law justly requires. Of late we have read much journalistic criticism, from the medical standpoint, of these antiquated principles of law as applied to the determination of insane irresponsibility; and such criticism is not without force if viewed from the Utopian standpoint that any insanity whatsoever, including, as it must, all of the acts of the "anatomical criminal," has a definitely underlying pathology, and must perforce absolve from responsibility. This is a refinement which public and legal opinion is not yet ready to accept; and, to us, it would seem not an unreasonable demand should the jurist say to the alienist, "Settle these questions, gentlemen, definitely among yourselves; establish the real association of mind and brain upon plain working-principles; give us scientific standards by which to determine and gauge the responsibility of a given person for given conduct and actions; and when you have reached a uniform agreement which is not dependent upon mere belief and opinion, give us your data in untechnical and intelligible terms. How are we jurists and lawyers to have certain knowledge of these things when repeatedly, in our own courts, celebrated experts certify that an individual on trial is perfectly sane, and equally eminent specialists, engaged by opposing counsel, declare this same individual to be in the throes of rank and hopeless lunacy? If you, who make mental disease a special study, cannot agree among yourselves, how in the name of heaven are we, who have no medical training whatever, to agree for you? Is it right that we should bear the burden of criticism for the obvious defects in your science? Do not, therefore, inspect our pot without first examining your own kettle!"

A satisfactory definition of the term "insanity" has yet to be made, and an acceptable classification of the insane has not to the present time been forthcoming. There is but a generalized grouping. We know of a class of people who by common

consent are considered "sane;" we know of a class including those who are more or less "eccentric;" of a class of "borderlanders;" of a class having the stigmata of insanity without the obvious symptom of it; and, finally, of a class which, from our present standards, are adjudged "mentally unsound." These various types all merge into each other by imperceptible degrees. A line of demarcation is demanded; what wonder is it if the law draws this in one place, and psychiatry in another? After all, are not each of these lines, in our present knowledge, more or less empirical?

The question of personal responsibility appears to us to be involved with the most profound social problems of the age. There is constant progress, change and discovery. Who can predict what the developments of the near future will be?

W. D. B.

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ARTERIAL SEDATIVES IN THE TREATMENT OF HEART DISEASE.—In an editorial in *Medicine* the following is given: "The exhibition of digitalis has so long been regarded as the proper treatment for a failing heart that it sounds almost heretical to speak of the value of aconite and veratrum viride in disease of the heart. Occasionally, in the literature of the last 25 years, reference will be found to the value of heart sedatives in the treatment of cardiac involvement. The writer of this article, when a student, remembers to have heard an excellent clinician refer to the fact that certain cases of heart trouble which did not do well on digitalis would be benefited by aconite. Recent studies show that there is an important relation between the heart and the vascular pressure. The vascular conditions arising from kidney lesions often lead to high vascular tension, due to the same causes which determine sclerosis of the aorta and distortion of valves of the heart. The effect of digitalis is often just the opposite. The tincture not only contains a cardiac stimulating principle, but also a vaso-constrictor substance; hence whatever value digitalis may have in stimulating the heart's action is offset by the increased vascular pressure due to the contraction of the peripheral arterioles."

He says, in conclusion: "In studying a considerable number of cases, it will be found that there are not a few instances of advanced cardiac diseases in which there is cardiac degeneration as well as valvular disease which will be benefited by a sedative."—*Medicine*, Feb., 1903.

In the use of aconite the homœopathic physician finds not only one of the best heart remedies, but also one of the first thought of when there are increased arterial tension, full pulse, anxiety, restlessness, dyspnœa, etc.



## GLEANINGS.

THE APPLICATION OF BOSSI'S DILATOR AT FULL TERM.—The patient is placed across a bed on her side with the hips somewhat raised. The instrument is introduced without the speculum after applying bullet forceps to fix the cervix uteri. It is introduced into the cervical canal under direction of the finger, which perceives the effect on the tissues of the dilator, while an assistant operates the dilating mechanism.

The writer reports one case in which the patient had been in labor for five days, and the os for the last three days was dilated to the size of a silver dollar. The pains were inefficient, and the patient became very nervous and much reduced from her suffering. Bossi's instrument was introduced without narcosis, and the os was gradually dilated without causing excessive pain. Inside of thirty minutes the os was fully dilated. The membranes ruptured. There was slight bleeding; no albuminuria. Axis traction forceps were applied to the child's head, which was above the brim. The child was extracted alive and cried immediately. The uterus contracted properly, and the puerperal period was normal.

In another case a woman forty-five years old was in her fourth labor. Her previous labors had always been very severe; the children were all abnormally large and in transverse presentation. The pelvis was slightly contracted. All the children had died in labor previously, and in two instances the children had been carried beyond the time of delivery. In this case the patient had gone six days over her time. The child had grown very perceptibly. It was feared that the rapid growth of the child would make labor very difficult, and premature delivery was decided upon. There were no pains. The cervix was undilated, the child in the second position, and the heart-sounds strong.

Bossi's dilator was introduced. The patient had almost no pains during the dilation, which was carried out very slowly. There were slight uterine contractions. In the course of an hour the os was completely dilated without rupturing the membranes. There was no albumin or hæmorrhage to any extent. After the instrument had dilated the cervix to the maximum, it was allowed to remain in place for five minutes; ether was then given, the dilator removed, and after rupture of the membranes version was easily and rapidly performed.

As the os seemed to be sufficiently dilated, immediate extraction was attempted. The size of the child made it difficult; both arms were extended above the head, and in bringing them down, the child immediately made respiratory efforts. The head did not readily enter the small pelvis, and required expulsion from above. The child was delivered deeply asphyxiated, and though the heart-beat was normal, it could not be resuscitated. The uterus contracted immediately after extracting the child, with some hæmorrhage.

The placenta was easily delivered, and examination showed a moderately deep tear in the cervix, which was sutured, and the hæmorrhage arrested. The puerperal period was normal.

The third case was a woman twenty-five years old in her fifth pregnancy. She was at the end of the fifth month, and had severe pains for three weeks, and hæmorrhage. The cervix was closed, and the finger could not be introduced. The cervical canal was dilated with Bossi's instrument so as to admit a finger into the uterus. The suspicion of placenta previa could not be confirmed, and the cervical canal and the vagina were tamponed. The hæmorrhage was arrested, but the temperature arose the following night, and Bossi's instrument was again used under narcosis, and the uterus dilated up to number 6 in ten minutes. The membranes then ruptured, and an offensive, black amniotic fluid was discharged.

The instrument was removed. There was no albumin in the urine. A partly decomposed child was removed. The patient made a normal recovery.

The writer is convinced that the use of Bossi's dilator marks an important progress in accouchement force, and will be preferred in the treatment of eclampsia. The same is true for vaginal Cæsarean section.—*Centrablatt für Gynakologie*, 1902.

George R. Southwick, M.D.

**DRAINAGE AND CELIOTOMY.**—The subject was discussed at a recent meeting by the Obstetrical and Gynæcological Society at Berlin.

Oberlander stated that in three years ending April, 1902, there were forty-eight celiotomies in Orthmann's Gynæcological Clinic for purulent tumors of the adnexa. Twenty-four cases were treated by drainage and twenty-four without. Among those not drained, mostly simple cases, in which the peritoneum was scarcely touched by pus, there were four deaths from acute peritonitis; and among the cases which were drained, all of which were severe, and in almost every one of which there had been a gush of pus in the peritoneal cavity, there were only two deaths, one from chronic peritonitis four weeks after the operation, and the other from shock three days after the operation. This good result is to be ascribed entirely to drainage. Special consideration should be given to two factors: in the first place, the operation should not be performed when fever is present, and, in the second place, the operation should not be performed too early.

Kiefer's investigations have shown that nine months after purulent infection in closed cavities of the body the pus becomes sterile; the operation therefore should be postponed during the former period unless the patient belongs to the lower classes, when the operation should not be too long delayed, in order to enable the patient to work as soon as possible. The danger of the operation is notably diminished by drainage. Drainage is best performed by iodoform gauze introduced through the *cul-de-sac* of Douglas into the vagina. This method is to be preferred to that of Mikulicz, as there is less danger of fistula or hernia, and that treatment is much simpler and shorter. This tampon is removed eight or ten days after operation without causing any pain. This method has always proved satisfactory.

Dr. Bröse expressed an opinion that a difference should be made between suppuration of the pelvic connective tissue and suppuration of the peritoneal cavity. Drainage of the abdominal cavity is desirable in incomplete operations, such as cancer, in injuries of the bladder and intestines, and in so-called

soiling of the peritoneum from a hemothecle. Drainage does not benefit much when the abdominal cavity is soiled by pus in operation for pyosalpinx or pyo-ovarian or pelvic abscesses. The high mortality mentioned by Olshausen and Orthmann in this operation is not an argument against drainage, but rather against abdominal laparotomy. Such processes should be attacked from the vagina as soon as they are diagnosed.

Mackenrodt preferred drainage by the vagina to drainage through the abdominal wall, especially for purulent adenexa operations; also for small injuries of the intestines. He attaches no great importance to the exact arrest of bleeding from the peritoneal wounds.

Dr. Czempin believes in the restriction of drainage in laparotomy, as the peritoneum is a tissue which is capable of a large amount of absorption. The connective tissue is entirely different. Encapsulated collections of pus, which have a large pyogenic membrane which must be left, and all paratyphlitic and parametric abscesses, and pus cavities reaching deep in the pelvic connective tissue, should be drained. Also cavities reaching very deep into the pelvic connective tissue, such as those which remain after enucleation of intra-ligamentary tumors, as myomas, ovarian tumors and the sacs of extra-uterine pregnancy, which, according to Martin, are best treated by closing the cavity above with the peritoneum and draining them from below toward the vagina. The smaller cavities heal without further care, but in the larger cavities suppuration is not uncommon from infection with the bacterium coli from the intestine.

Prof. Olshausen has the opinion that drainage through the vagina is often beneficial, especially in lesions deep beside the rectum. He opens abscesses of the pelvic floor and *cul-de-sac* of Douglas from the vagina. The pus in gonorrhœal salpingitis is usually sterile after nine months, but not if there has been a streptococcus suppuration, and possibly not in gonorrhœal suppuration of the ovary.—*Centralblatt für Gynäkologie*, No. 1, 1903.

George R. Southwick, M.D.

THE MEANING OF URIC ACID AND THE URATES.—Woods-Hutchinson has contributed a noteworthy article to *The Lancet* (Jan. 31, 1903), in which he offers the following conclusions:

1. There is no connection whatever between the production of urea and of uric acid; hence interdiction and marked limitation of animal and nitrogenous foods, as such, in gout is irrational.

2. The uric acid produced in health comes exclusively from two sources, the larger moiety, or exogenous uric acid of Chittenden, from the nucleins and purin bases of the food, the smaller or endogenous moiety, from the destructive metabolism of the nucleins of the body-tissues.

3. It is the *endogenous moiety alone* which is increased in gout and lithæmia.

4. Gout and lithæmia are mere symptom names for a miscellaneous group of chronic toxæmic processes of widely varied origin, characterized by the production of uric acid and urates.

5. By "gouty diathesis" we mean the possession of a sufficient degree of resisting power on the part of the protective cells of the body to oppose the entrance of any poison, whatever its character or source, with subsequent destructive metabolism and production of uric acid, but not adequate to neutralize or successfully to prevent its absorption.



6. The uric acid of gout, like the phosphoric acid which invariably accompanies it, is merely a result and measure of the destructive metabolism of the nucleins of the body-cells, chiefly probably of the leucocytes, in response to the invasion of poisons or toxins, either organic or inorganic (lead, phosphorus, alcohol, acetone).

7. Hence the use of lithium or other "solvent" agents is irrational, and any benefits resulting are to be explained on other grounds.

8. As most of the toxins setting up this destructive metabolism and consequent uric acid production are of intestinal origin or entry, *diet in gout should be regulated solely with regard to the diminution of intestinal fermentation and putrefaction.*

9. As animal foods, from their much more appetizing and attractive flavors, are more apt to be indulged in in excess of the oxidative powers of the body, their limitation may be found to be more necessary than that of vegetable foods, but sugars and starches are also very often at fault.

10. As uric acid and the alloxur group are not toxic, or at best feebly so, and are not the cause of gout, the prohibition of even foods rich in nucleins and purin bases, such as red meats, roe and sweetbreads, has no rational basis, and is clinically of doubtful utility, except by diminishing the attractiveness of the dietary.

11. The rôle of the liver in gout is a negative one, being inability to perform its chief normal function as a "poison filter," and to absorb or to transform into harmless excretory substances the excess of toxins brought to it by the portal vein.

12. The drugs found of value in gout owe their efficacy chiefly to their power of checking intestinal putrefaction or of preventing the absorption or promoting the elimination of its products.

F. Mortimer Lawrence, M.D.

THE CAUSE AND TREATMENT OF SEA-SICKNESS.—We are so completely without knowledge as to the cause of sea-sickness that the observations of Binz, of Bonn, quoted in *American Medicine* (March 14, 1903) are of interest. Prof. Binz's conclusions are as follows:

1. The rocking of the ship produces a contraction of the arteries of the head, and therefore an acute anæmia of the brain.

2. This acute local anæmia has as its consequence nausea and vomiting.

3. The movements in the abdominal press produced by the retching and vomiting force a large amount of blood into the brain, remove the anæmia for the moment, and thus interrupt the malaise.

4. The stomach in sea-sickness plays only a passive rôle. The vomiting act is centrally excited, whether the stomach is full or empty.

5. Everything that tends to increase the flow of blood to the brain acts prophylactically, amelioratingly or curatively upon sea-sickness. For the treatment of the disease there is, in the first place, the horizontal position, then remedies that cause dilatation of the vessels of the brain. Among these may be mentioned chloral hydrate, which may be taken in doses of 0.3 gramme (5 grains) three or four times within a few hours, and amyl nitrite in doses of 2 or 3 drops by inhalation. Potassium bromide and antipyrin in not too small doses have also been recommended, and theoretically, at least, appear to be of value. R. Heinz advises rapid breathing, which, as is well

known, has a tendency to lessen ordinary nausea. Binz also recommends that a full meal be taken before boarding the ship.

F. Mortimer Lawrence, M.D.

**TYPHOID BACILLI IN URINE AND SPUTUM.**—Dr. Mark W. Richardson, of Boston, offers, in the *Boston Medical and Surgical Journal* (Feb. 5, 1903), the following summary of our present knowledge:

1. Typhoid bacilli are present in the urine of about 21 per cent. of individuals afflicted with typhoid fever.

2. The bacilli, when present, are generally in pure culture, and their number is frequently enormous,—many millions in each cubic centimeter of urine.

3. The invasion of the urine by the bacilli takes place in the later stage of the disease. Unless measures are taken to remove the organisms, they persist frequently for weeks, occasionally for months, and rarely for years, and thus constitute (*a*) a danger to the patient himself (cystitis, and possibly orchitis and epididymitis), and (*b*), what is much more important, a grave source of danger to the public health.

4. The necessity for the rigid disinfection and supervision of typhoid urines is apparent.

5. In urotropin we have a drug which will, in the vast majority of cases, remove the typhoid organisms from the urine, not only in the cases of simple bacilluria, but also in those in which a cystitis has resulted. Very rarely an obstinate cystitis may require the use of vesical irrigation. Very infrequently a case will be seen in which the use of urotropin is followed by hæmaturia. In such cases the drug should be omitted and irrigation of the bladder substituted.

6. This subject, in its relation to the public health, is of the utmost importance. In my opinion, it should be a fixed rule, and one rigorously enforced, that no typhoid convalescent be discharged as well until his urine has been proved permanently free from bacilli. In large hospitals, with their well-equipped laboratories, such supervision can be carried out with ease. Cases in private practice should be in the care of the local boards of health. In this way only can we prevent a considerable percentage of our typhoid convalescents from becoming unsuspected foci for the further distribution of the disease.

As to the presence of the typhoid bacillus in the sputum, I was able, in 1897 (*Journal of the Boston Society of Medical Sciences*, Nov. 16, 1897), to isolate this organism on three successive days from the sputum of a case of typhoid fever complicated with pneumonia. In 15 cases with no pulmonary complications the results were negative.

Since 1897 the subject has been investigated by a few observers only. Their results showed that the typhoid bacillus may be present in the sputum during typhoid fever, especially if there be a coincident bronchitis or pneumonia. The typhoid bacilli are almost invariably associated with other organisms, such as the pneumococcus or the influenza bacillus, and are to be regarded rather as secondary invaders than as the primary cause of the complication. The sputum in these cases is generally hæmorrhagic, and may contain large numbers of bacilli for considerable lengths of time. Seven weeks is the longest period of persistence recorded. The subject needs much further

study, but enough is known to show that in the typhoid sputum we have still another excretion which must be carefully disinfected.

F. Mortimer Lawrence, M.D.

**HABITUAL CONSTIPATION IN INFANCY.**—(Jordon.)—The treatment outlined is as follows: (a) The initial relief of the accumulation. (b) The stage of general and drug treatment, with resort to local stimulation as required. (c) The stage of general and drug treatment only, this sufficing to get daily evacuations. (d) The stage when drug treatment can be withdrawn, hygienic and dietetic measures being sufficient to maintain the action of bowel. The conclusions reached are:

1. Crying and loss of appetite are particularly suggestive of constipation even when questioning is necessary to bring out the existence of such.
2. Emptying of the bowels by local stimulation is an initial and occasional necessity only; it is not curative.
3. The correction of dietetic and other hygienic surroundings is the foundation of treatment, the internal administration of drugs being a commonly necessary auxiliary.
4. Water as a beverage is a valuable adjunct to the treatment, but the water of some districts is not suitable.
5. The treatment must be continued over a period of time until the bowel is quite able to spontaneously evacuate. Too early withdrawal of the treatment means relapse. Parents should be cautioned about discontinuing the treatment too early, as a relapse is apt to follow. For the greater accumulations, soapy water enemata or glycerin should be employed. Too frequent use, however, tends to weaken the wall of the intestine, hence the use of the small glycerin suppository is to be recommended.—*Birmingham Medical Review*.

**ABSCESS OF THE LIVER.**—(Kiefer.)—Suppurative hepatitis; the most important complication of tropical dysentery is thoroughly discussed. Abscess of the liver is more apt to occur in the tropics owing to the more common distribution of the "amœbi coli," its chief causative factor. The passive congestion in the livers of the white settlers in the tropics forms a suitable place for the development of liver abscess. Traumatic, pyæmic and tropical abscess each receives consideration. Predisposing causes are found in malarial fever, exposure, chills, but the greatest of all is the abuse of alcohol. As to the percentage of complications, it can be said that fully 25 per cent. of severe amœbic dysentery result in abscess, and 85 per cent. of all tropical abscesses are due to infection of "amœba coli." Abscess takes place about one or two years after the dysentery, and it is very rare to have severe suppurative hepatitis beginning with the first symptoms of dysentery.

Most all the cases of single abscess recovered as soon as the patients were operated upon. Fully 50 per cent. of the cases recovered where there was voluntary rupture into the colon. Kiefer reports three consecutive operations for single abscesses in one case. The diagnosis is quite difficult unless the abscess is large. These cases are quite frequently mistaken for malarial.—*Philada. Medical Journal*, Feb. 21, 1903.

William F. Baker, A.M., M.D.

**A RECENT METHOD FOR DETECTING BILIARY PIGMENT IN THE URINE.**—(Baudouin.)—Gmelin's reaction for biliary pigment is inconvenient; if the



urine contains albumen it will form, on contact with the acid, an opaque ring which interferes with the reaction. Urines which contain indican often present, at the point of contact with the acid, a bluish coloration which may be mistaken for the reaction of the pigment. Heller's test is not sufficiently delicate, even when modified by employing chloroform. The writer proposes to use the anilin colors, which in the presence of bilirubin form a new combination with a change of color. With fuchsin there is obtained in the urine containing the bile-coloring matters a yellow-orange color.

The test is made as follows: Fuchsin is dissolved in the proportion of one-half per cent. in distilled water and filtered, if necessary. In making the test, 2 or 3 c.c. of urine is poured into a test-tube and the reagent added drop by drop. If the urine changes to a yellow-orange color replacing the red or violet of the fuchsin solution, it is certain that the bile-coloring matters are present. The writer has tested to learn if there are other conditions of the urine which give the same reaction. He has examined the urine of those suffering from cirrhosis of the liver, alcoholism and carcinoma, without finding similar reaction. A second series of urines from those suffering from nervous diseases, disturbances of the alimentary tract, in whom indican was abundantly present, failed to give the reaction with fuchsin.—*La Semaine Medicale*, Dec. 3, 1902.

William F. Baker, A.M., M.D.

**EPILEPSY AND HEART DISEASE.**—(Chadbourne.)—The writer says, in summing up, "That we have been unable to show to our own satisfaction that there was any direct connection between the vascular lesions and the epilepsy." The sequence in several of the juvenile cases, however, is quite suggestive. The fact that some of the patients had atypical seizures is of interest because similar seizures can be brought on by artificially induced anæmia of lower brain-centres. Only one case had a cardiac aura, but these are so common among epileptics. At no time did the increasing severity of the heart disease seem to occasion a corresponding increase in the number of attacks.

Too little is known of the cerebral circulation during attacks, and the result of experimentation has been too confusing to infer that any circulatory disturbance resulting from disease of the heart could be the cause of the attacks; so that, as far as pure cardiac cases are concerned, it may be said that the occurrence of organic heart-lesions in epilepsy is a mere coincidence.

In senile cases with sclerosed cerebral vessels the evidence is stronger, but there is no satisfactory proof that cardio-vascular disease is the cause.

The postulates laid down by Stentzing would serve as a help in determining the true relationship.

- (a) The heart disease must precede the epilepsy.
- (b) Other causes must be excluded.
- (c) The coincidence must be frequent.
- (d) Improvement in the heart disease must improve the epilepsy.

In summing up the cases reported, the writer says: "Upon the whole, we must consider that these postulates are not fulfilled; and a study of the recorded cases and of your own examples does not tend to establish the proposition that cardiac disease and *grande mal* stand in a causal relationship."—*The American Journal of the Medical Sciences*, March, 1903.

William F. Baker, A.M., M.D.

POST-DIPHTHERITIC PARALYSES AFFECTING THE GENERAL NERVOUS SYSTEM.—(Peter).—The view is advanced that the frequency of the paralysis is in direct proportion to the amount of infection, although a severe paralysis may follow a very mild infection. Diphtheria of the nares especially predisposes to paralyses, both local and general. The generally accepted theory is that the entire neuron, either motor or sensory, may be the seat of the pathological changes, the peripheral neuritis predominating and often existing without demonstrable change in the cord. All degrees of severity are met with from a mild, general paresis with a slight emaciation to a complete paralysis of all the body muscles, together with the circulatory and respiratory muscles. The prognosis is good except in so far as the circulatory and respiratory muscles are concerned. The writer claims that the extensive use of the serum has lowered considerably the mortality-rate and has not diminished the amount of consequent paralysis. He believes that owing to the severity of the cases they would have died had the serum not been used. Notwithstanding the author's assertions, experiments on animals prove early injection to be an absolute preventive for palsies.

Absolute rest is also advised for some days after the disease.—*Medical News*, February 14, 1903.

William F. Baker, A.M., M.D.

SOME OF THE COMPLICATIONS OF ABDOMINAL SURGERY.—Morris, of New York, cites his conclusion from several thousand operations. He prefers the use of nitrous oxide as a preliminary to other anæsthetics, and in consequence, says, fewer complications from anæsthesia are seen than formerly. In chloroform paralysis of the vaso-motor the symptoms are alarming for a few minutes, but can be quickly relieved by prompt application of the well-known resources. With ether, or its decomposition products when excreted by the mucous membrane of the stomach, respiratory tract or kidneys frequently cause complication which engage attention. Research has shown that ether is very rapidly excreted during anæsthesia and for some hours afterward. The gastritis which results may be modified by keeping a considerable amount of fluid in the stomach; in severe vomiting washing out of the stomach gives quick relief. Two little points as to technique are valuable: have tube well oiled with the best olive oil, to which has been added a little wintergreen, and the patient instructed to chew a little while before inserting tube. If fauces are unusually sensitive they may be sprayed with cocaine. The bronchial mucous membrane seem to be irritated in three ways: by its refrigerating influence, irritation on inhalation and by its irritation of mucous glands in the process of excretion. The kidney, a pre-existing nephritis is often excited to the point of exacerbation. Primary nephritis may be caused by prolonged ether anæsthesia, but some cases of nephritis caused by excretion of toxins from an acute infective process in the abdominal cavity will cease instantly in many cases of ether anæsthesia, provided that focus of infection has been rendered inactive by the operation.

*Iodoform poisoning* is commonly mistaken for septicæmia, and the symptoms are frequently so much alike that the diagnosis is not easy. There is this difference, however, in iodoform poisoning, the wound looks well, the patient does not. In septicæmia, neither the wound nor the patient look well. Free iodine is found in the urine, and may be detected by mixing a few drops

with calomel when the brownish color of the iodide of mercury appears. In hæmorrhage, the prognosis is not so grave if the blood remains within the peritoneal cavity, provided the blood does not become septic. The reason for this is because the blood in the peritoneal cavity is still in the circulation in a way, owing to the lymphatics of the peritoneum, which take up the fluid portion rapidly and returns them to the blood-vessels. The rapid absorption of blood from the peritoneal cavity allows us to neglect oozing from torn adhesive surfaces. The prognosis of shock depends largely upon the methods of treatment employed. If operated slowly, much natural resistance is lost; if gauze is packed in abdominal cavity this will have a tendency to keep the patient in a condition of shock. He has given up the use of gauze-packing entirely, and has found that it is a practically unnecessary feature in surgery.—*New York Med. Jour.*

Herbert P. Leopold, M.D.

**THE PROGNOSIS OF TUBERCULOUS PERITONITIS IN CHILDREN.**—Based on close and extended observation of 41 cases of tuberculous peritonitis, treated as in patients at the Paddington Green Children's Hospital, London, Dr. G. A. Sutherland arrives at the following conclusions regarding the prognosis of this affection.

The statistics in this series run as follows: 70.7 per cent. recovered; 2.5 per cent. unrelieved; 26.8 per cent. died.

Comparing the results of medical and surgical treatment the following figures arise: of 27 cases medically treated, 81.3 per cent. cured; 3.7 per cent. unrelieved; 15 per cent. died. Surgically treated (14 cases): 50 per cent. recovered; 50 per cent. died.

The author is not favorably impressed with the results of simple laparotomy; the deaths following laparotomy occurred too late to be attributed to the operation, at the same time the disease was not modified by the operation. Fifty per cent. mortality under surgical treatment, as compared with 26.8 per cent. under medical treatment, is not a good showing. He has seen apparently the worst forms of the disease, *i.e.*, fibro-ascitic tuberculous peritonitis, completely recover under medical treatment, and has practically abandoned laparotomy.

The prognosis in uncomplicated cases is good; the co-existence of tuberculous pleurisy is not necessarily unfavorable.

Factors influencing the prognosis unfavorably are: a strong family history of tuberculosis; an infancy passed under unfavorable surroundings and improper feeding at that time or the history of a severe infectious illness in early life.

Pyrexia is only unfavorable when the temperature is continuously high. If daily remissions to normal occur it is not unfavorable.

The presence of localized tuberculous processes in the intestines, mesenteric glands, or elsewhere, influence the prognosis unfavorably.

Death usually occurs from a complication, such as rupture of a suppurating lymph node or of an intestinal ulcer, tuberculous meningitis, phthisis pulmonum.—*Archives of Pediatrics*, February, 1903.

C. Sigmund Raue, M.D.

**PAROXYSMAL HÆMOGLOBINURIA IN CHILDREN.**—Dr. Charles Herrman, of New York, reports a case of paroxysmal hæmoglobinuria in a boy four



years old. There was a history of syphilis in the father, and during infancy the signs of hereditary syphilis made their appearance. The hæmoglobinuria developed in the fourth year, occurring sometimes twice daily; lately only once in three to four weeks.

Urine: reddish brown; brown sediment; acid reaction; specific gravity 1030; albumin  $3\frac{1}{2}$  per cent. (Esbach). No blood corpuscles; hæmin crystals obtained; hyaline and granular casts.

The etiology is syphilis in the majority of cases. The kidneys are found normal at death, excepting that the cortex is pigmented. The hæmoglobin is probably liberated in the blood plasma and excreted as such by the kidney.

The prognosis is good. The child seems well between attacks, and although the condition is likely to recur for years, still it eventually disappears in the majority of cases.

The treatment is antisyphilitic. Dr. Herrman recommends the protiodid of mercury and peptonate of iron.—*Archives of Pediatrics*, February, 1903.

C. Sigmund Raue, M.D.

**TREATMENT OF HETEROPHORIA.**—Heterophoria cannot be recognized by any subjective symptoms. When shown by appropriate tests, it does not necessarily require special treatment. In a majority of cases it is chiefly valuable as an indication with regard to the wearing of lenses. Its degree does not tell whether it will require treatment or not. Its permanence is a more important, but not conclusive indication. If constant, it may be partly or wholly corrected by prisms, especially in elderly people. Before resorting to operation, correction of ametropia, careful use of the eyes, graduated exercise, special gymnastics, the removal of all causes of ill-health, and general tonics should be patiently and persistently tried. The operation of preference would be tenotomy for exophoria, advancement of the exterpus for esophoria, and lateral displacement with tenotomy, when vertical deviation is present. Operations should not be frequently repeated; and they are of doubtful propriety as a means of suggestion.—Dr. Jackson, of Denver, *American Journal of Ophthalmology*.

William Spencer, M.D

**OCULAR HYDROTHERAPY.**—The proper application of water is of unquestionable value in many eye diseases. Its action is, as a rule, reliable, and the effects following its intelligent employment are usually satisfactory both to patient and oculist.

Its indiscriminate use, however, is not without danger, and has resulted in positive harm in cases where existing pathological conditions have not been considered, and where appreciation of the effect of various temperatures upon the delicate structure of the eye has not warned the oculist to choose other methods of cure. In an article by Dr. Navee on the effect of hot and cold water in eye diseases, the following is a summary:

1. Heat and cold are best applied to the eye by moist pads. They are more efficacious when employed in this manner than by means of the coil or bladder, in that their action is more penetrating, and their effect is more germicidal. Dry heat or cold heat may, however, be employed by the use of the coil or bladder, but care must be taken that too much pressure be not exerted by their weight upon the sensitive diseased organ.

2. The application of heat is indicated in degenerative corneal processes—in terstitial and phlyctenular keratitis, corneal ulcers, pannus, infected cornea

wounds, hyphæmia, hypopyon, suppurative panophthalmitis, in iritis and cyclitis, in muscular spasm, and in contusion and ecchymosis of the eyelids, to hasten absorption of extravasated blood.

3. Where hot applications are indicated, it is well to employ them for a period of from fifteen to twenty minutes, and repeat every three hours in order to attain the best results. The pads should be changed every minute or two, in order to keep up as nearly as is possible a uniform temperature. The applications should be of the highest temperature the patient can endure, viz., 110° to 135° F.

4. When very cold applications are employed, it is well to persist in their continuous use for many hours, unless some contra-indication manifests itself, as, for example, a degenerative corneal process. The applications are best prepared by laying pads of gauze upon a cake of ice, and when thoroughly cold, applied directly to the eye, to be changed at very brief intervals.

5. Cold is indicated in hyperæmia and inflammation of the conjunctiva. In purulent conjunctivitis it is the remedy par excellence. In traumatism, especially those of the iris and lens, and in the early treatment of contusions of the lids, its employment is of value.

6. In purulent conjunctivitis iced applications may be continuously used for many hours, so long as the cornea remains unimpaired, in which instance they are positively contra-indicated.

7. Cold, by its intense antiphlogistic action, checks secretion, and when employed early, retards pus formation. Heat relieves pain, promotes reparative cellular activity, hastens absorption of exudates, and assists in the more rapid action of drugs, locally employed in eye diseases. Both heat and cold, applied as moist dressings, have in addition a germicidal action of considerable value.

8. Hot applications greatly assist the rapid absorption of various medicaments employed in ophthalmic practice, and when used for this purpose should immediately precede the instillation of such solutions.—Dr. Willis O. Navee, *Medical Standard*.

William Spencer, M.D.

**OCULAR MANIFESTATIONS OF CHRONIC BRIGHT'S DISEASE.**—The ocular lesions which may be seen associated with chronic nephritis are classified by Dr. G. M. de Schweinitz, as follows :

1. Complete blindness, without ophthalmoscopic lesion. This occurs most often in acute nephritis, but also in acute exacerbations of chronic nephritis.

2. Albuminuric retinitis and neuro-retinitis.

3. Alterations in the caliber and relation of the retinal vessels, owing to sclerotic changes in their walls, with or without hæmorrhages and exudates in the retina, seen in association with those forms of renal disease in which vascular changes are evident elsewhere in the body ; also isolated hæmorrhages and exudates without marked vessel-wall changes.

4. Alterations in the vocal tract, particularly in the choroid and iris. The choroidal lesions are not evident to the ophthalmoscope, but can be seen only on microscopic examination.

5. Some varieties of cataract. A casual relation between nephritis and cataract has, however, never been established.

6. Paresis and paralysis of the ocular muscles, particularly the superior

oblique and the external rectus. They are rare, and may be terminal symptoms of albuminuria.

7. Recurring subcortical hæmorrhages. This manifestation has not received the attention it deserves among the ocular signs of nephritis.

The hæmorrhages occur in persons past forty, and usually during sleep, the patients being surprised on waking to find an extravasation into the conjunctiva. An exactly analogous condition may appear in the delicate skin of the lower lid.—*Proceedings of the Phila. Medical Society.*

William Spencer, M.D.

**TWELVE CASES OF MALIGNANT DISEASE TREATED BY THE RÖNTGEN RAYS.**—Moseley, New York, reports twelve cases of malignant growth treated at the Presbyterian Hospital during the last year. The apparatus used consisted of a Waite and Bartlett static machine and a 50 cm. coil, with a liquid interrupter. The 110-volt circuit was utilized both to run the motor for the static and directly for the coil, no rheostat or transformer being required. Measuring from the target of the tube to the diseased area, a distance of from 15 to 30 cm. was used. The time of exposure was from 5–10 minutes, on alternate days. When the coil was used, a current of  $1\frac{1}{2}$  to 2 ampères passed into the primary. The tubes giving the best results were those with a moderately low vacuum. The classification as to his results is as follows:

Epithelioma of lip,	. . . . .	Cured.
Epithelioma of lip,	. . . . .	Cured (?)
Sarcoma temporal region (recurrent),	. . . . .	Cured.
Carcinoma inguinal region (recurrent),	. . . . .	Cured (?)
Epithelioma of face,	. . . . .	Much improved.
Carcinoma of breast,	. . . . .	Much relieved.
Carcinoma of breast,	. . . . .	Not improved.
Sarcoma of pharynx,	. . . . .	Died.
Sarcoma of buttocks,	. . . . .	Died.
Carcinoma of breast,	. . . . .	Died.
Carcinoma of inguinal region,	. . . . .	Died.
Carcinoma of jaw,	. . . . .	Died.

The five cases which succumbed to the disease were considered hopeless, even at the commencement of the treatment. From these and other cases he draws the following conclusions: 1. The small, superficial cases of malignant disease seem to be the most susceptible to this method of treatment. 2. The relief of pain is a very prominent feature of the Röntgen-ray treatment, and is often noticed after the first exposure. In cases which have not progressed too far, it is almost possible to promise the anæsthetic effect. 3. It is impossible to determine from our present knowledge, without trial, what cases will be favorably influenced by treatment, but patients should be warned not to be too hopeful. 4. The danger of burning is a real one. Patients should appreciate the possibility of it before treatment is started, although with precautions it may be avoided.

He emphasizes the fact that operator should be particularly careful about his own hands, bringing his hands in contact with the rays as little as possible. —*American Medicine*, Jan. 31, 1903.

Bernard E. Bigler, M.D.



A NOTE ON THE ANATOMY OF THE PERIRENAL FATTY TISSUE.—W. W. Keen, Philadelphia, gives the following note on the anatomy of the perirenal fatty tissue, which greatly facilitates the finding of the kidney in operations upon that organ. There are two distinct layers of fatty tissue surrounding the kidney: the first, which should be called the transversalis layer, and, secondly, the perinephric fat proper, or envelope surrounding the kidney itself. In cutting down on the kidney, as soon as the fat bulges through the incision, it should be carefully cut or torn through, deepening the incision or tear gradually. A distinct space will be found between these two layers. This can be made out by the presence of a layer of connective tissue similar to that which is found between the internal oblique and transversalis muscles. The second layer of fat then presents itself. If this then is torn or incised through and drawn into the wound, the opening made forms what might be called an infundibulum, or a funnel-shaped opening, at the bottom of which the kidney is invariably found. Occasionally the first fatty layer will not extend as far as the second, but so far as the surgeon is concerned, they lie superposed.—*American Medicine*, Jan. 31, 1903.

Bernard E. Bigler, M.D.

THE DISCREPANCY BETWEEN CLINICAL MANIFESTATIONS AND PATHOLOGICAL FINDINGS IN APPENDICITIS.—Jacobson (Syracuse, N. Y.) compares the manifestations of the disease at the bedside with the conditions found on the operating table. There is one type of the disease in which very pronounced constitutional disturbances are present during the first twenty-four hours; another type in which the symptoms may be so mild that no physician is called. In other cases we may encounter signs pointing to a localized disturbance, and yet the trouble is widespread. Sometimes the early manifestations may be obscure, in the presence of widespread involvement. He considers no condition more difficult to recognize or have its seriousness so completely marked than that which is present soon after the rupture of an appendix, and when general peritoneal infection has just occurred. The constitutional condition may be quite undisturbed, or, at any rate, the presenting symptoms may be very mild. A surgeon may frequently be called upon to remove the appendix in the complete absence of all manifestations, and at the completion of the operation have every reason to state that there must have been at some time much more than a simple catarrhal inflammation. It is less often a source of surprise to the surgeon than to the physician, that an apparent widespread abdominal involvement may have been going on for a long time without giving more pronounced external evidence. The following points are summed up: First. Not to depend too much upon finding the so-called classic symptoms, as they are not always present, or marked enough for a positive diagnosis to be made early. Secondly. We must not be misled by the apparently mild constitutional manifestations. Third. To regard local signs as more significant, and to rely more upon them than upon the constitutional symptoms. Fourth. To view the aggravation of any manifestation with alarm. Fifth. Not to diagnose as catarrhal appendicitis because of the apparent mild symptoms present. Sixth. That every case of progressing appendicitis should be treated along surgical lines, and not medical, and also every case diagnosed positively as appendicitis demands surgical rather than medical care.—*Medical News*, February 28, 1903.

Bernard E. Bigler, M.D.

## MONTHLY RETROSPECT

### OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

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CONDUCTED BY O. S. HAINES, M.D.,

with the collaboration in German literature of C. Sigmund Raue, M.D.,  
and in French literature of Charles Platt, M.D.

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**THE WILD DELIRIUM OF MORPHINISM.**—John Inglis, A.M., M.D., formerly physician to the Ah Ting Hospital, Pekin, praises the efficacy of hyoscyamus in the wild delirium of the morphine habitue undergoing treatment. He mentions, however, that the drug causes flushing of the face, dilated pupils, dryness of the throat, delirium and hallucinations. Of course, no notice is taken of this curious coincidence. The author also mentions that stramonium exerts a pleasant influence in such cases. He thinks it best to mix the stramonium with compound tincture of cardamon, giving a dose equivalent to 15 minims of tincture of stramonium three to five times daily. The author keeps the patient quiet with morphia until the hyoscyamus or stramonium have had time to act. (We should not criticise these crude attempts of the profession to practice a rational therapeutics. It is the struggle of the submerged nine-tenths to reach the light; and, after their eyes have grown more accustomed to the glare, they will see more clearly and their efforts will become more scientific.)—*Denver Med. Times.*

**GRAPHITES.**—Dr. W. A. Dewey confirms the observation of Dr. Jousset, that graphites acts best in gastric complaints when administered in the 12th potency.

**THE QUICK RELIEF OF APHONIA.**—Dr. Charles Hubbard, in *E. E. and T. Journal*, reminds us again of the wonderful efficacy of the tincture of coca in relieving the hoarseness of professional singers. When a speaker or singer applies to his physician but a few hours previous to an important engagement, it is not always easy to relieve a hoarseness so that the engagement may be filled. It is not always best to advise such a patient to fulfill the engagement either. Voices have been ruined by overtaxing the voice under such circumstances. Tincture of erythroxyton coca, given in 3- to 6-drop doses of the tincture within two hours of the expected demand upon the voice, will very often act as an admirable voice toner, and will often remove the existing hoarseness.

**SHALL WE EMPLOY DRUGS IN THE CRUDE STATE?**—A German exchange tersely puts this question, and leaves it to its subscribers to figure out. So far the learned colleagues on the other side of the Atlantic have been too discreet to commit themselves on so compromising a question, and in this

respect have acted exactly as we, as a body, have acted. We have not been able to discover a single instance where a homœopathic physician has committed himself in black and white on this point; perhaps, however, the reader may be in a position to enlighten us.

The question has, however, been most satisfactorily answered outside the profession, and this unique solution has proven not only theoretical but eminently practical. It has remained for a body of laymen to decide (after a most critical study of the *Organon*) that, according to strict interpretation, homœopaths should never prescribe any drug excepting in dilution. We say the solution was eminently practical, because it was not difficult to find physicians perfectly willing to yield to this decision and practice accordingly.

There are many questions of conscience in medicine which it might be well to leave to a lay body to decide. Vaccination is possibly such a one. We do not doubt that in this event laws would soon be passed prohibiting vaccination by law. Whether or not a legislative body could be induced to pass a law preventing the marriage of consumptives depends, to our mind, upon the state of health of the members and relatives of such a body.

ANTIPYRETIC MEASURES IN DISEASES OF CHILDREN.—The employment of harmless, simple, non-medicinal measures to reduce high temperature in the acute diseases of children is a practice that cannot be too strongly urged. With entire justice, Dr. Raue pleads for the more general adoption of non-medicinal measures wherever they can be carried out, instead of immediately flying to internal medication. Granting that a homœopathic remedy in an infinitesimal dose is entirely harmless, still the absolute reliance upon drugs in all conditions is bad practice; it is as much routinism as any other restricted mode of practice.

Fever is not invariably harmful in its effect, especially if of short duration and when remissions to normal occur in the temperature curve. Especially under the latter conditions, a patient will stand pyrexia for a long time, much to the surprise of the physician and all concerned. We should not, however, take the view of some extremists, who pay apparently no attention to fever as a symptom.

The beneficial effect of the sponge and full bath is too well known to need be mentioned. Oil inunctions, however, are apparently not so well known as antipyretics, excepting, perhaps, in scarlet fever, where they are more used to relieve itching than to reduce fever. Nevertheless, they act most decidedly in an antipyretic capacity, and may be used in any febrile condition where there is dryness of the skin and nervous erythsm.

We would urge a more systematic study of that part of medical practice commonly called "general management." Right here lies the *art of medical practice*. He who is thoroughly versed in it is the successful practitioner. While not necessarily a profound scholar, still his common sense places him in a position by himself—a position, unfortunately, not always an envious one, thanks be to the shafts of envy and jealousy making a target thereof. It is, however, better to imitate such a method of practice than to criticise it, for the proof of the pudding is the eating of it, and a good doctor is always popular with the laity.

ICHTHYOL IN BRONCHITIS.—A case is described of a little girl, 13 years of age, with persistent, violent cough, dyspnoea and abundant bloody expectora-



tion; a cough of several years' standing, in succession to a pertussis, with emphysema, an intense diffuse bronchitis and abundant râles, the face becoming cyanosed during the spasms, and the extremities cold, the little patient presenting all the appearances of an asphyxia. Examination of the sputum demonstrated numerous pneumococci with streptococci, but tubercle bacilli were absent.

Antimonium tart. relieved the hæmoptysis, but did not relieve the cough; morphine and potassium iodide were without result; creosote brought a return of the hæmoptysis; belladonna, drosera, bromoform, ipecac and sodium benzoate produced no alleviation. One gramme of ichthyol in 10 pills was administered during one day, with the result that for the first time in six years the cough was diminished and the patient passed a comfortable night, the physical signs, moreover, showing the improvement to be real. The following day, 2 grammes of ichthyol, given after Jennings's formula (ichthyol 2 grammes, glycerol and syrup of orange-peel, of each 15 grammes, and water 80 grammes), were administered. The cough and expectoration ceased.—*Journal des Practiciens*, November 29, 1902.

**ARSENIC IN CANCER.**—Dr. P. Jousset writes, in review of a recent paper by M. Darier, of the Société de Dermatologie et de Syphilographie. Darier reports a case of pigmentation of the skin with vascular macules and local hyperkeratosis, advancing in the course of a dozen years to the development of an epithelioma,—this all as the result of Fowler's solution in 12-drop doses, taken systematically for twelve days of each month. M. Darier concludes that here we have an example of a true arsenical cancer, but Jousset takes exception to this *post hoc ergo propter hoc* reasoning, and holds that cancer "unfortunately" has never resulted from arsenic—unfortunately, because, if it had, then we could cure cancer. Arsenic applied directly to a superficial cancer has resulted in cure, but this is because of the destructive property of the agent, and because "skin cancers are relatively benign and have but little tendency to return when operated in time." "But arsenic internally in the treatment of cancer has never produced an authentic cure."—*L'Art Medical*, Jan., 1903.

**RECTAL PROLAPSE.**—A cure of rectal prolapse in a child of 2 years—a prolapse with stool whether the latter be hard or soft—is reported as having been effected with podophyllum and aloes, both in the 3x trit., and given on alternate days.—*L'Art Medical*, Jan., 1903.

**LOGICAL AMALGAMATION DEDUCTIONS.**—Dear Homœopaths: The pleasure of your delightful company is earnestly desired in the allopathic camp—at once. Come and *meet* all the nice people, who use such nasty language when they speak of you or of your friends or of your useful therapeutic art. But, after all, and upon second thought, this invitation is not a really good reason for your staying away, because the Good Book tells us that we should forgive and forget those who have evil designs upon us. There are other and better reasons why good homœopaths should *amalgamate by themselves*, and Dr. Perry Dickie, of Brooklyn, mentioned some of these latter in *March Century*. Experience has demonstrated that wherever we have two or more distinct individual factors acting from similar motives and existing ostensibly for the public good, rarely do they fail to act as a check upon each other; if not by mutual antagonism or criticism, at least from a striving or emulation for su-

periority each over the other one. Seldom do we have as a result other than the betterment of each, in a more or less degree. The *consolidation* of such factors, although no doubt highly advantageous at times to the parties directly concerned, signifies an ultimate degeneration of the resulting union so far as its beneficial relations to the community at large are concerned. Combinations of this sort are therefore detrimental to the interests of the community at large. Such a state of affairs would doubtless be the ultimate outcome of the proposed amalgamation of the two schools of medicine. Who first conceived this scheme of amalgamation, or for what purpose it was hatched, no one seems to have any very clear idea. The Journal of the American Medical Association has recently seen fit to rebuke the homœopathic profession for its opposition to their scheme of amalgamation. It seems to feel that we talk too much about "our alleged persecution" by the old-fangled school of physic. It seems to feel that if this alleged opposition of the old school were wiped out for awhile, the homœopathic school would fall for need of a stimulus. The best advice that can possibly be given to homœopathic physicians at the present moment is to band themselves closely together in local, State and National organizations, to attend strictly to their own affairs, and to carefully avoid bunco-steerers. The *Medical Century* for March, commenting editorially upon this matter, quotes some of the published remarks of such prominent writers as Gould, Love, etc., which remarks are of such a character as to force one to the conclusion that our school would gain nothing by closer association with such people, and might lose something in the way of self-respect, at least.

**ANTHRACINUM.**—This remedy, in the 2000 potency, has been found by Dr. John McLachlan to be especially useful in checking the tendency (so very common and troublesome) of boils to recur again and again. It is superior to sulphur and other remedies usually chosen. This is a valuable hint, because every physician knows the bugbear of recurring furuncles. Curiously enough, this same observer has never been able to convince himself that mercurius corrosivus was ever of the least use in dysentery and similar affections of the bowels. He finds that, when the "never get done feeling" is present in such affections, that the mercurius solubilis acts promptly.—*Century*.

**APOCYNUM CANNABINUM.**—Dr. Fairbanks prepares a fresh infusion as follows: One drachm of the herb is steeped two hours in a covered vessel to make one pint of infusion. Two drachms of essence of wintergreen is added to preserve it. Fifteen minims of this were given four times a day to remove a pericardial effusion. In œdemas or effusions, accompanied by torpor of kidneys, liver, intestines and heart disease, the above is said to be very efficient. The author also prescribes, in dilatation where death from a weak, overtaxed heart seems impending, the tincture of opium in six- or eight-minim amounts daily, in conjunction with his apocynum infusion. He thinks the opium prevents unnatural waste of the vital forces and tissues, and that this team is indicated in the weak and aged, suffering from dilatation.—*Med. Magazine*.

**HOW TO CURE FELONS AT ONCE.**—Dr. J. A. Whitman, in *Medical Visitor*, describes a simple treatment for felon which, he claims, will cure promptly cases that are "real bone felons." We shall be very happy, indeed, if we



find that this procedure is as effective in our own practice, as it has been in the experience of this author, during the past fifteen years. You take a fresh egg, crack it at the larger end, making a hole that will be just large enough to admit the affected finger or thumb. Forcing this into the egg as far as possible, you are then to wrap a soft cloth about the whole, and let it remain on over night. If the felon is not cured next day, repeat the treatment. The author would be pleased to hear of any cases that are not promptly cured by this simple plan of treatment.—*Med. Mag.*

SOMETHING BETTER THAN OLIVE OIL FOR GALL-STONES.—Dr. Van Noppen does not believe that the average civilized stomach will bear the olive oil treatment. He recommends, in place of this rather unpleasant medicament, the oleate of sodium. The stones are softened by this, so that they pass away or are eliminated with the fæces, as sand. (*Medical Magazine*, Feb.) This is surely a new remedy for gall-stones. We find it mentioned in Merck's list, but can find no reference to its medicinal qualities.

THE BILBERRY (*VACCINIUM MYRTILLUS*) AS A REMEDY IN TYPHOID FEVER AND OTHER INFECTIOUS DISEASES OF THE INTESTINE.—Max Bernstein's interesting paper upon the above topic, in *British Med. Journal*, has attracted much notice. The *Monthly Homœopathic Review* (London), commenting editorially upon the question of whether true typhoid fever may be aborted, says: "Dr. Bernstein has made a very remarkable discovery, and one that may not only prove of immense value in the treatment of typhoid and other gastro-enteric troubles, but throws a decided light on the abortive typhoid cases." We homœopaths should prove the bilberry at once. The author of this interesting paper says that typhoid bacilli are present in great numbers in the intestinal canal of one ill with the fever. During the acute stage of the disease there is nothing to prevent their reabsorption. He is inclined to believe that it is this constant reinfection that prolongs the disease. If measures were taken to keep the intestine in the most unfavorable state for the bacilli, and in the most favorable condition for healing of the ulcers, the duration and the severity of the attack might be diminished, complications lessened, and consequently many lethal issues avoided. To establish these very desirable conditions, Dr. Bernstein suggests the small, almost black, sweet berries of the well-known shrub which grows all over the continent. Whortleberries have been used in diarrhoea, on account of their well-known astringent qualities, for a long time.

It has remained for Dr. Bernstein and Dr. Andrewes to prove that the decoction of the dried berries has the power of killing the typhoid bacillus, and also the *B. coli communis*, in a culture tube. Now it still remains for the profession to confirm its usefulness by the bedside-test upon the bacilli as they exist in the actual case. These berries are non-poisonous. The infusion or the jam has a pleasant, fragrant, refreshing taste. It can be taken freely, either hot or cold, plain, or mixed with water, milk, tea or porridge. Dr. Bernstein tested very carefully, for the purpose of ascertaining whether or not it was the acid constituents of the berry juice that had the power of destroying the bacilli. He found that the juice, neutralized with soda, acted as well as the acid juice. Thus do the mighty fall. When the great warrior, bearing, without fear or harm, the brunt of the whole day's battle, the



crash of battle-axe and the fierce stroke of heavy sword and lance, succumbs at its very close to some frail shaft that has found the only crevice in his otherwise impervious suit of mail, it is not more sorrowful to contemplate than this picture of the hitherto invincible and unconquerable typhoid bacillus succumbing at the last moment to—a platter of blackberry-jam! Dr. Bernstein claims that the bilberry keeps the intestines aseptic, prevents re-absorption and reinfection, cuts short the duration of the infection, soothes the ulcers, and assists them to heal by its astringent effects. It acts favorably also in dysentery.

**SALICYLATES IN RHEUMATISM.**—Nephritis, as a result of the salicylate treatment of rheumatism, has been several times recorded, but has generally been ascribed to an individual intolerance for the drug—to an idiosyncrasy. Lüthje, chief of the medical clinic at Greifswald, has experimented with the salicylic acid preparations in 33 cases of rheumatism, administering salicylate of soda and salol in divided doses of from 3 to 5 grammes in the 24 hours. The urine was frequently examined before, during and after treatment. All of the patients suffered from some urinary disturbance, and albumin, white and red corpuscles, with granular and hyaline casts, were common. This nephritis, together with inflammation of other portions of the urinary tract and a tendency to calculus formation, persisted from the beginning of the treatment until long after the medication had ceased. Dr. Lüthje concludes that the salicylates should be reserved for the acute rheumatic affections, that the daily dose should never exceed 4 or 5 grammes, and that the treatment should not be continued longer than for 3 or 4 days.—*Semaine Médicale*, xxii., No. 41.

Within a few days of making the above abstract, a student of Hahnemann College, under treatment with salicylates, which had been administered by a homœopathic physician, presented himself to the writer with a well-marked nephritis.

**ARRHENAL IN PHTHISIS.**—Jousset reports 10 cases of pulmonary phthisis treated with arrhenal in doses of from 0.01 to 0.10 gramme in 200 c.c. of water, three teaspoonfuls in the day. In all cases there was, sooner or later, an increase in the cough, a loss of strength, and, in nearly all, an elevated temperature. Iodide of arsenic and arseniate of quinine in the 1x trituration did not give rise to these unfavorable changes, and indeed often produced decided amelioration. Arrhenal belongs to the class of newer synthetic compounds of arsenic with hydrocarbon derivatives, and, like others of these substances, may either remain inert through a non-decomposition of its molecule, or it may, by a too free decomposition, become toxic in action.—*L'Art Medical*, xcv.

Sodium cacodylate has been highly recommended because of the large doses of arsenic which may be administered in that form without toxic effect. It is of interest that nearly the complete dose of the cacodylate is excreted by the kidneys unchanged. The absence of toxicity is thereby explained, and the futility of its administration from a therapeutic standpoint should be equally patent.

# THE HAHNEMANNIAN MONTHLY.

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MAY, 1903.

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## A STUDY OF THE GASTRIC CONTENTS IN INFANCY.

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It is a notable fact that the stomach of the new-born is still in a state of imperfect development, both anatomically and physiologically, and that in the early months of infancy its function is more that of a reservoir than that of a digestive organ.

The saliva, so necessary an element in the process of digestion of the fully-developed child and adult, plays an inconspicuous part in the infant's digestion. It can easily be seen why this is so, as the infant partakes exclusively of a liquid food that needs no lubricant in order to be swallowed. Besides, it does not depend upon starchy substances for its carbohydrate food, but receives the same in the form of milk-sugar. Saliva, therefore, is present only in very small quantities in the mouth of the new-born, and it is not secreted freely until after the third month. During teething, its flow is, as a rule, abnormally increased. Even at an early period the saliva possesses its characteristic property of converting starch into sugar, and I have obtained the dextrin reaction with iodine in barley-water, withdrawn from the stomach shortly after nursing in an infant four months old.

The bulk of the work of digestion in an infant falls upon the small intestine, where the pancreatic juice converts proteids

into peptones, starch into sugar, and emulsifies and saponifies fats. It is, therefore, possible for an infant with an absolutely incompetent stomach to gain in weight so long as the gastric condition does not directly interfere with intestinal digestion. The pancreatic juice requires an alkaline medium in which to act, its action being aided materially by the bile, the reaction of which is alkaline. The bile in itself aids in the absorption of fat, and it is a stimulant to peristalsis as well. If, therefore, the stomach secretes hydrochloric acid in excess, or what is more likely to be the case, if lactic acid fermentation take place in the stomach, the normal alkaline reaction of the duodenum may become acid, as a result of which intestinal indigestion supervenes. An excessive amount of mucus secreted by the stomach may also act as an impediment to the digestive process. For this reason indigestion in the infant shows itself as diarrhoea.

From reading the various articles on infant-feeding in which the coagulation of milk is spoken of, one might be led to believe that the milk is coagulated by the HCl of the stomach, as the tests recommended for demonstrating the character of the curds are either acetic acid or hydrochloric acid. The hydrochloric acid of the stomach, however, has nothing to do with the coagulation of casein. This is coagulated—not merely precipitated as is the case when an acid is added to the milk,—by the *rennin* in the gastric juice. The function of the hydrochloric acid is to combine with the proteids and form an acid albumin which can subsequently be attacked and peptonized by the pepsin, or entering the small intestine be transformed into an alkaline albumin. In the short length of time the food remains in the stomach, under normal conditions, it is not possible for a considerable quantity of proteids to become peptonized, and consequently the chyme enters the intestine but little changed, excepting that the milk has been coagulated and converted into an acid albumin.

The affinity of the milk-proteids for hydrochloric acid is so great that usually every trace of free hydrochloric acid combines with the proteids. For this reason, even in a perfectly healthy infant, free HCl is not found in the gastric contents when a milk-diet has been indulged in. A small amount of free HCl can, however, be demonstrated, if the contents are with-



drawn in the early stage of digestion before all of the acid has had time to combine.

Vomiting is quite common during infancy. It takes place easily on account of the immature state of the cardia, and the vertical position of the stomach. In the majority of instances it is a simple regurgitation of the food. This easy vomiting is a safeguard against attacks of indigestion.

Absorption by the stomach is feeble, its main function being that of secretion. This function takes place mainly in the intestinal tract, and it is of little practical value to test the gastric absorption of the infant. The mobility of the stomach can be tested by administering salol, which does not absorb until it reaches the alkaline small intestine. When this takes place, salicyluric acid appears in the urine. Dilatation of the stomach can be detected by determining the gastric capacity. Often the outline of the stomach shows plainly in emaciated subjects, its lower border presenting a rounded line. When the transverse colon is dilated, it should be remembered that its upper border presents a concave outline, while the lower border of the stomach is convex.

The points I have attempted to demonstrate in the series of analysis of gastric contents under consideration are the following:

1. The length of time the food remains in the stomach under normal conditions.
2. The influence of abnormal conditions upon the time the food remains in the stomach.
3. The presence of ptyalin in the saliva.
4. The presence of rennin in the gastric juice in health and in disease.
5. The presence of free HCl and its quantity.
6. The influence of different foods upon the amount of HCl secreted.
7. The percentage of combined acids.
8. The presence of lactic and butyric acids.
9. The peptonizing power of the gastric juice.
10. The presence of mucus and blood in abnormal gastric conditions.

It is not claimed that every one of these points was determined in all cases, as it was not always possible to get enough

of the stomach contents for a quantitative analysis, and as in a number of them a qualitative analysis answered sufficiently for all clinical purposes. The observations about to be recited are based on sixty examinations; this does not, however, indicate a similar number of cases, as in a few instances the same subject was examined a number of times. For example, three of the cases were fed on successive days upon barley-water, meat-juice, and milk respectively, in order to determine the amount of acid secreted under the stimulation of these different foods. The standard test-meal adopted was barley-water without either salt or sugar added, as suggested by my colleague, Dr. Chas. Platt. This contains nothing that might in any way affect the chemical tests. It was, however, not strictly adhered to, as absolutely accurate results are unnecessary for clinical purposes, ordinary barley- or rice-water giving practically the same results. The method by which the gastric contents were recovered was to insert a soft rubber catheter into the stomach, using a No. 10 (English) for an infant under three months old, a No. 11 for three to six months, and a No. 12 from six months to one year. As a rule, the chyme flows through the tube as soon as its tip reaches the fundus of the stomach. Should, however, this fail to occur, gentle pressure upon the epigastrium may be made, or the infant should be bent forward as far as possible; by this means the stomach contents are expressed readily. At times it may be necessary to use suction by carefully drawing on the piston of a glass syringe inserted into the free end of the catheter. I always insert a piece of glass tubing about three inches long into the free end of the catheter; this facilitates handling the tube and makes it easy to collect the gastric contents in a bottle or other small receptacle. The first step in examination of the gastric contents is *inspection*.

Inspection reveals the presence of *rennin* if milk has been fed, as the curds will indicate. Coagulation of the milk takes place shortly after it reaches the stomach, and at times it seems to be abnormally active. Rennin is the one element of gastric juice that appears to be present under all conditions, even in severe acute gastritis and advanced marasmus, where free hydrochloric acid is invariably absent.

The state of digestion may be also judged by the appearance of the chyme. Breast-milk may form large, firm curds, as well as cow's milk, if its proteids are in excess.

It is interesting to note the decided effect barley-water exerts in preventing the formation of large curds. When barley-water and milk were used as a test-meal, a smooth, evenly coagulated chyme was recovered in all normal cases.

*Mucus* in small quantities may be present under normal conditions, but excessive amounts of thick mucus always indicate gastric catarrh, and, as a rule, offer an unfavorable prognostic sign. When associated with absence of free hydrochloric acid, as determined by using a barley-water test-meal, the advent of marasmus may be confidently anticipated.

*Blood* not infrequently appears in the gastric contents in small quantities. It is usually bright, but may present a "coffee-grounds" appearance if it has been acted upon by the stomach acids. Contrary to what may be expected, blood rarely signifies ulceration. This is especially so with bright blood, which is due, in the majority of instances, to capillary oozing from the mucous membrane. In aphthous ulceration of the stomach, a rare condition, the blood is usually dark in color. These statements are based upon post-mortem findings.

The *amount recovered* is an important datum. It indicates the state of the muscular walls of the stomach, and, to a slight extent, the absorptive power of the mucosa. The latter may be positively determined by the iodide of potassium test. In adults this reagent is administered in capsules, but in the infant it should be poured through the tube. Normally, the stomach in an infant under three months may be entirely empty three-quarters of an hour after feeding, as I have several times observed. If food be present after two hours in an infant under one year, there is reason to suspect indigestion or dilatation of the stomach. The latter condition positively, when, as sometimes happens, the entire amount may be recovered.

The *odor* is to be observed. Butyric acid is positively identified by its odor, and is usually found in cases of gastric catarrh with fermentation. It is probably derived from the lactic acid forming in the stomach shortly after ingestion of the food, when hydrochloric acid is absent. Fermentation may be also detected by the odor; this is often pronounced when a malt food is used. The stomach-contents will smell like stale beer in these cases.

*Free Hydrochloric Acid.*—The presence of free hydrochloric



acid was determined by Boas' reagent. After filtering the stomach contents, a drop is placed upon a porcelain dish and a drop of the reagent added thereto. The dish is then held over a spirit-lamp and the liquid rapidly evaporated, avoiding, however, boiling the same. As evaporation takes place, a bright-red ring of color makes its appearance along the periphery of the drop.

When free HCl is present its amount is estimated by titration, using dimethyl-amido-azo-benzol as an indicator. Although dimethyl will react to lactic acid, as Platt\* has pointed out, still, if free HCl has been previously found present by Boas' test, there is no objection to using it as an indicator, because free HCl and lactic acid are rarely found in the gastric contents simultaneously; and when lactic acid is present in moderate amounts, I have found that it does not produce a color change in the dimethyl-amido-azo-benzol.

Free HCl is practically never present in the gastric contents of the infant when milk has been ingested. The explanation of this lies in the fact that HCl combines energetically with the milk albumin, forming an acid albuminate. In but two cases was a trace of uncombined HCl found; one was a five-months' healthy infant, the contents being withdrawn one hour after taking four ounces of diluted milk. The stomach was practically empty, containing but a small amount of gastric juice and some mucus. The other case was a two-and-a-half-months' infant, fed on a very dilute milk mixture (one in eight), and the gastric contents were withdrawn one-half hour after nursing, too short a period of time for the milk albumins to combine with all the HCl secreted. When a milk test-meal has been given, it will be found that the combined acidity is high, equaling the free and combined or total acidity calculated in cases where a non-milk diet was used.

Free HCl was found in all cases excepting in acute gastritis and marasmus. The meal, in these cases, consisted of either barley-water, beef-juice and barley-water, albumin-water, or a solution of maltose, and diluted milk in the two cases mentioned above. This series comprised convalescents from entero-

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\* "The Determination of the Acid Factors of the Gastric Fluid."—*American Medicine*, Nov. 8, 1902.

colitis, normal cases, acute ileo-colitis, intestinal indigestion, gastric dilatation, mild-grade gastric catarrh.

Free HCl was absent in sixteen cases, omitting those in which a milk-diet was used. This series comprises mainly the clinical entity spoken of as marasmus. It also includes pronounced gastric catarrh, acute gastritis, acute gastro-enteritis. Some of the cases of marasmus proved to be general tuberculosis at the necropsy. The necropsies in this series were performed by Dr. Sappington.

The largest amount of free HCl was found in a ten-months-old child, one hour after a meal of barley-water and meat-juice. This was 34 free and 4 combined acidity.

Combined acid was highest with a milk-diet. In one case it amounted to 80 c.c. (child, thirteen months, milk and barley-water, two hours). This, of course, represents the total acidity. Milk stimulates the peptic glands to greater activity than any other food, the acidity always running considerably higher in milk cases than in the others. Next to milk, beef-juice stimulates the flow of gastric juice best; in a ten-months-old infant the free HCl was 34, the combined 4, making 38 total acidity. Albumin-water is feebly stimulating, while barley-water acts still more feebly. In one case barley-water yielded 13 c.c. free and no combined HCl in a four-months' child, one hour after indigestion of the food. The average total acidity in normal cases with milk-diet, one hour after nursing, was about 40. The total acidity in health, therefore, varies from 35 to 60; in indigestion and mild-grade catarrhal conditions it ranges between 10 and 30; while anything below 10 indicates a grave condition, *i.e.*, either acute gastritis or marasmus.

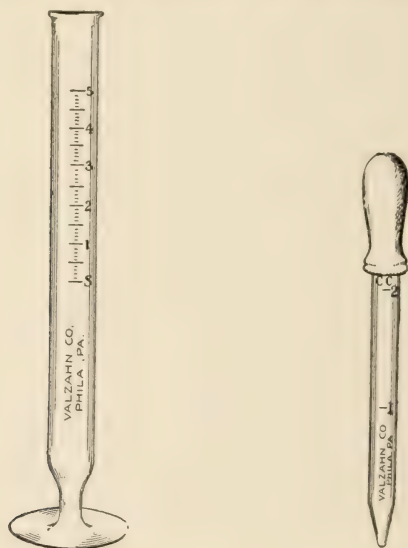
The method of estimating the combined acidity is to titrate the filtrate with decinormal soda solution, using phenolphthalein as an indicator. Both free and combined acid may be calculated in the same specimen as follows:

Take 5 c.c. of filtered gastric contents and add a drop of a  $\frac{1}{2}$ -per-cent. alcoholic solution of dimethyl. Then add decinormal soda solution from a burette, drop by drop, until the rose-red color is changed to yellow. This indicates the point of neutralization of the free HCl. Read off the number of c.c. of soda solution used, and multiply by twenty in order to

get the number of c.c. required to neutralize the free acid in 100 c.c. of gastric contents.

Now add a drop of a 1-per-cent. alcoholic solution of phenolphthalein, and continue adding soda solution until a permanent pink color is imparted to the filtrate. Read off the number of c.c. of soda solution necessary to neutralize the combined acid and multiply by twenty. This gives the number of c.c. of soda solution required to neutralize the combined acid in 100 c.c. gastric contents. The sum of these products equals the total acidity.

I have devised an instrument for facilitating and simpli-



fying the method of obtaining this result, which, for the sake of convenience, may be called an acidometer. Comparing the time spent in getting a result with the acidometer and with the titration method, I have found that the work can be done much quicker; besides, titration is a somewhat difficult and fussy procedure, and I am sure many physicians shrink from attempting the analysis of gastric contents because the methods seem foreign to them. There is no occasion for this, however, especially when it can be done so simply as by the following method:

Pour the filtered stomach-contents into the acidometer to the



line marked S. Add a drop of dimethyl-amido-azo-benzol (if free hydrochloric acid be present), and then pour in, drop by drop, decinormal soda solution, the while gently agitating the tube, until the red color is changed to orange. Read off the number of c.c. of soda solution required to get this result by consulting the scale on the tube, and multiply this by twenty. The product gives the amount of free hydrochloric acid (*i.e.*, the number of c.c. of decinormal soda solution necessary to neutralize the free acid in 100 c.c. of stomach-contents).

Now add a drop of phenolphthalein, and continue adding soda solution until a pink color is obtained. Read off the number of c.c. of soda required to get this reaction, and multiply by twenty. The result represents the combined acid. The product of these two results represents the total acidity.

*Lactic Acid.*—It will be seen that a trace of lactic acid was often found in the cases fed on milk, and for this reason it is difficult to estimate the normal combined acidity of the gastric contents in an infant taking milk, unless we allow that a certain amount of lactic acid may develop toward the termination of gastric digestion under normal circumstances. It is also claimed that lactic acid is normally present in the very early stages of digestion. Free HCl inhibits the development of lactic acid, but, as the milk proteids rapidly combine with all of the HCl secreted, it is quite possible that a small amount of lactic acid signifies nothing abnormal, providing we know from former or subsequent tests with a barley-water meal that free HCl is being secreted, and that lactic acid is only playing a secondary rôle in the case, appearing at the close of gastric digestion. On the other hand, in cases of marasmus and gastritis, where we find no free HCl, lactic acid is an invariable product of gastric digestion if milk or lactose be administered. It is claimed by some that lactic acid may take the place of HCl, and assists in the digestion process. When excessively produced, however, its effect is positively harmful. Butyric acid appears to originate from lactic acid when the latter is abnormally long retained in the stomach, as occurs in gastric catarrh, with thick, tenacious mucus, which prevents the exit of the chyme into the intestine.

Lactic acid was found in twelve cases; in all of these milk

had been fed. The reaction was decided in the cases of marasmus and gastric catarrh, which had given a negative reaction for free HCl with barley-water.

The test employed was Uffelmann's reagent, consisting of a mixture of weak solutions of carbolic acid and neutral ferrous chloride. The reagent is of an amethystine color, and is changed to canary-yellow by lactic acid.

*Ptyalin.*—The test for ptyalin was made in a few instances. The youngest infant in whom the test was made was four months old and the reaction was obtained. Barley-water was fed, and tincture of iodine was added to the gastric contents; the orange-colored reaction indicating erythrodextrin instead of starch (blue) was obtained. *Rennin* has been referred to.

*Pepsin.*—The peptonizing power of the gastric juice was tested several times by allowing it to act on pieces of boiled egg, but the results obtained were unsatisfactory. The action was very feeble in every instance, even when a small amount of hydrochloric acid was added.

*The gastric capacity* was found to vary considerably in different infants, and dilatation occurred in five cases. One infant, five months old, was taking seven and a half ounces at a feeding. The fact that the stomach was still full of food two hours after feeding seemed the strongest indication of attenuation of the stomach-walls.

The length of time the food remains in the stomach is a most interesting subject for study. Normally, as long as the infant is on the breast, the stomach should be empty at the end of two hours. As before stated, it may be empty at the end of three-quarters of an hour after nursing. In cases of marasmus, and where the stomach contains an abundance of thick tenacious mucus, the food remains in the stomach abnormally long. Particles of casein become entangled in the mucus coating the stomach-walls, and even though a child may have been taking barley-water for twenty-four hours, curds may still be recovered from the stomach by means of lavage. This is a practical point, showing the absolute necessity for restoring to lavage in cases of milk-infection, and also indicating why it may be necessary to abstain from a milk-diet for a period of several days in such cases.

The lesson learned from the systematic study of the gastric contents in infancy is eminently practical, and one that opens a field for new lines of thought and investigation. We are impressed with the fact that gross pathological lesions cannot always be linked with morbid conditions, and that there are states of perverted physiological functions that manifest themselves as clinical entities, the morbid anatomy of which we have so far sought for in vain. I speak especially of the condition termed marasmus, still a bone of contention among pediatric pathologists, and an enigma to pediatric clinicians. The prognostic value of the presence or absence of free HCl in this condition signifies to my mind, however, that it is more a vice of secretion and defective innervation than one of gross pathological lesion. Just why the HCl gradually diminishes in these cases, and mucus and lactic acid appears in the gastric contents, it is difficult to say, but reasoning by analogy there must be a toxæmia, of obscure origin, at work, just as in cancer of the stomach, where free HCl may disappear before the entire secreting structure of the gastric mucosa has been invaded. This intoxication of the system, no doubt, has its origin in the intestinal tract, where on account of a progressively increasing gastro-intestinal catarrh, or in some instances a general tuberculosis, and again at times apparently nothing more than an inherent feebleness of constitution developing from heredity or unhygienic surroundings and unsuitable food, imperfect digestion and bacterial changes in the food take place. I may add that the presence of potassium iodoxyl-sulphate, in excessive amounts in the urine of these cases, tends to strengthen this view.

In the following table, an analysis of the cases upon which these assertions are based is presented for reference:



Age.	Clinical Diagnosis.	Food.	Time in Stomach.	Free HCl.	Combined Acid.	Butyric-Lactic Acid.	Mucus. Blood.	Remarks.
5 mos.	Convalescent.	Milk and barley-water, 4 oz.	1 hr.	Trace.	62 (total acidity).	Neg.		Stomach almost empty. Starch dextrinized.
4 mos.	Normal.	Modified milk, 4 oz.	½ hr.	Neg.	40 (total acidity).	Neg.		Slow digestion. 2 oz. recovered.
8 mos.	"	Breast-milk.	1 hr.	Neg.	35 (total acidity).	Neg.		Finely curdled chyme.
11 mos.	"	"	¾ hr.	Neg.	30 (total acidity).	Neg.		
8 mos.	Convalescent.	Barley-water.	½ hr.	8	None.	Neg.		
8 mos.	"	B.-water and meat-juice, 6 oz.	1 hr.	Present	20 (total acidity).			½ oz. recovered.
10 mos.	"	B.-water and meat-juice.	1 hr.	34	4			
4½ mos.	"	Barley-water, 5 oz.	1 hr.	Present	8 (total acidity).			Starch dextrinized. 2 oz. recovered.
4½ mos.	"	Milk and b.-water.	2 hrs.	Neg.	52 (total acidity).	Trace of lactic	Some mucus.	2 oz. recovered. Pepsin negative.
13 mos.	"	"	2 hrs.	Neg.	52 (total acidity).	Neg.		3 oz. recovered. Stomach capacity, 8 oz.
13 mos.	Diarrhoea.	"	2 hrs.	Neg.	80 (total acidity).			Several oz. recovered.
8 mos.	Convalescent.	Modified milk.	2 hrs.	Neg.	50 (total acidity).	Neg.		Stomach almost full.
5 mos.	Dilated stomach.	Barley-water.	1 hr.	Present	38 (total acidity).	Neg.		All recovered. Rennin present.
3 mos.	Acute gastro-enteritis.	Milk and Mellin's.	½ hr.	Neg.	40 (total acidity).	Lactic present		Stomach dilated. Acidity due to lactic acid.
3 yrs.	Indigestion.	Bread and tea.	1 hr.	Present	35 (total acidity).	Neg.	Neg.	Stomach dilated.
2 mos.	"	Barley-water and egg-albumin, 2½ oz.	¾ hr.	10	13	Neg.	Some mucus.	½ oz. recovered.
2 mos.	"	"	2 hrs.	Present		Neg.	"	Small amount recovered.
2½ mos.	"	Dilute milk, 1-8.	½ hr.	7	10	Neg.	Mucus.	Rennin present.
3 mos.	Convalescent.	Barley-water.	¾ hr.	10	None.	Neg.	Mucus.	Still a few casein particles from yesterday's milk-feeding.
13 mos.	Gastric catarrh.	"	1 hr.	Neg.	15 c.c.	Neg.	Mucus.	Small amount recovered.
2 yrs.	Convalescent.	Bread and beef-tea.	1 hr.	Present	(Highly acid.)			Stomach dilated.
4 mos.	Diarrhoea.	Barley-water.	1 hr.	13	Neg.	Neg.	Mucus.	One-third recovered.
11 mos.	Gastric catarrh.	Milk.	½ hr.	Neg.	30 (total acidity).	Lactic.	Ab'nd't mucus.	Stomach still full.
11 mos.	"	"	2 hrs.	Neg.	30 (total acidity).	Neg.	Mucus.	One-half recovered. Pepsin negative.
5 mos.	Ilio-colitis.	Barley-water, 5 oz.	1 hr.	Neg.	4 c.c.		Mucus.	Full amount recov'd. Still full after 2 hrs.

Age.	Clinical Diagnosis.	Food.	Time in Stomach.	Free HCl.	Combined Acid.	Butyric-Lactic Acid.	Mucus, Blood.	Remarks.
3 mos.	Gastric catarrh.	Milk and water.	$\frac{3}{4}$ hr.	Neg.	Not calculated.	Neg.	Some blood and mucus.	Small amount recovered.
5 mos.	Gastro-enteritis.			Neg.		Neg.	Mucus and blood.	Autopsy: no ulceration of mucosa.
7 mos.	Acute indigestion.	Barley-water.	1 hr.	10	4	Neg.	Some mucus.	
3 mos.	Gastric catarrh.	Milk.	1 hr.	Neg.	16	Neg.	Mucus.	Two-thirds recovered.
6 mos.	Gastro-intestinal catarrh.	Barley-water.	$\frac{3}{4}$ hr.	16	6	Neg.	Mucus.	Starch not altered.
4 mos.	Malnutrition.	Rice-water.	1 hr.	Present	Not calculated.	Neg.	Neg.	Stomach almost empty.
3 mos.	Acute gastritis.	Malt solution.	$\frac{1}{2}$ hr.	Neg.		Lactic acid present.	Mucus.	
5 mos.	Acute gastro-enteritis.	Barley-water.	$2\frac{1}{2}$ hrs.	Neg.	Neg.	Neg.		2 oz. recovered.
4 mos.	Gastro-intestinal catarrh.	Barley-water.	$\frac{1}{2}$ hr.	Neg.	Neg.	Neg.	Thick mucus.	3 oz. recovered.
6 mos.	Chronic gastro-intestinal catarrh.	Milk.	$\frac{3}{4}$ hr.	Neg.	24 (total acidity).	Trace, lactic.	Mucus.	Marantic — improper feeding.
4 mos.	Enterocolitis.	Albumin-water.	2 hrs.	Neg.	Trace.	Neg.	Mucus.	2 oz. recovered.
4 mos.	"	Barley-water.	1 hr.	Neg.	Neg.		Abundant.	1 oz. recovered. Empty after 2 hrs.
4 mos.	"	Barley-water.	2 hrs.	Neg.	Not calculated.		"	Small amount recovered.
$4\frac{1}{2}$ mos.	"	Milk.	$1\frac{1}{2}$ hrs.	Neg.	Not calculated.	Lactic acid.	"	
10 mos.	"	Milk and barley-water.	$1\frac{3}{4}$ hrs.	Neg.		Lactic acid.		Stomach full.
10 mos.	"	Beef-juice.	$2\frac{1}{2}$ hrs.	Present	Not calculated.	Neg.	Mucus.	Stomach almost empty.
3 mos.	Catarrhal gastritis.	Milk.	2 hrs.	Neg.	Not calculated.	Lactic acid. Butyric acid.		Rennin.
11 wks.	Acute gastro-enteritis.	Barley-water.	$\frac{1}{2}$ hr.	Neg.	Neg.	Neg.	Mucus.	Rennin.
5 mos.	Acute ileo-colitis.	Barley-water.	2 hrs.	Neg.		Neg.	Mucus.	Rennin.
6 mos.	Marasmus.	Milk.	1 hr.	Neg.	Neg.	Neg.		Small amount recovered.
6 mos.	"	Milk.	1 hr.	Neg.	Neg.	Lactic acid.		Rennin.
6 mos.	"	Milk.	2 hrs.	Neg.	Neg.	Lactic acid.		Stomach almost full.
5 mos.	"	Milk.	1 hr.	Neg.	18	Neg.		Most recovered.
7 mos.	"	Milk.	$1\frac{1}{2}$ hrs.	Neg.		Lactic acid.	Mucus.	
3 mos.	"	Barley-water.	2 hrs.	Neg.	Trace.	Neg.	Mucus.	All recovered.
4 mos.	"	Milk.	$\frac{3}{4}$ hr.	Neg.	20 (total).	Lactic acid.	Mucus.	All recovered.
7 mos.	"	Oatmeal-water.	$\frac{1}{2}$ hr.	Neg.	Neg.		Mucus.	Curds from yesterday.

Age.	Clinical Diagnosis.	Food.	Time in Stomach.	Free HCl.	Combined Acid.	Butyric- Lactic Acid.	Mucus. Blood.	Remarks.
5 mos.	Marasmus.	Albumin- water.	2 hrs.	Neg.	2	Neg.		2 oz. recovered.
4½ mos.	"	Barley- water.	1 hr.	Neg.	4	Neg.		½ oz. recov- ered.
4 mos.	"	Milk.	1 hr.	Neg.	4	Neg.	Neg.	
3 mos.	Malnutri- tion.	Dilute milk, 3 oz.	¾ hr.					No food in stomach.
8 mos.	Convales- cent.	4 oz. barley- water.	1 hr.					"
13 mos.	"	8 oz. barley- water.	2 hrs.					"
4½ mos.	"	5 oz. albumin- water.	2 hrs.					"
5 mos.	"	6 oz. barley- water.	2 hrs.					Food present.

## DISCUSSION.

DR. BIGLER opened the discussion. By a sketch of the physiology of hydrochloric acid formation and its relation to lactic acid, and by reference to the influence of psychic impressions upon the secretion of the gastric juice, he showed that the diagnosis and treatment of gastric disorders in children was a very complex problem, in the solution of which the examination of the stomach-contents, though important, had to be supplemented by an ability to interpret its findings. He maintained that there could not, rationally and logically, be any such thing as a purely functional disorder. As every normal activity depends upon physical changes taking place in the tissues, any abnormality must in like manner depend upon changes which, even if at present not discoverable, will surely in the future become so.

DR. J. NICHOLAS MITCHELL: In the first place I wish to express my obligations to our host, since through his invitation I have had the pleasure of listening to one of the most valuable papers it has been my fortune to hear read before any of our societies.

I think that the subject of feeding of infants, and their digestive powers, has not received the attention it deserves, and as I understand the object of the essayist, it is not to lay down certain fixed rules, but rather to indicate one proper way of studying the subject. From this point of view, the importance



and value of these suggestions will be recognized and valued by all.

Our method of the present day, of attempting to feed all babies by certain percentages, looks very accurate, but is really faulty for two reasons. In the first place too little importance has been given to the individual power of digestion, and in the second place the rules as given us are not founded on accuracy.

During this past autumn I made a number of tests, using the Babcock machine, to find the percentage of fat in a number of specimens of milk, and was surprised to find how the percentage differed from day to day in milk sent to me by the same milk man. I examined both gravity and centrifugal cream.

The gravity cream, which is estimated to run at an average of 12 per cent. for all formulas of feeding, I found some days to run as low as 8 per cent., and the centrifugal cream varied from 16 per cent. to 30 per cent.

Though these experiments were not numerous, they suggest the necessity of an analysis of each milk ordered for a child, if we wish to approach the subject with scientific accuracy.

To determine in a given case that there is a dilatation of the stomach is a comparatively easy thing in the case of an adult, but not so easy in the infant. So that the suggestion that Dr. Raue makes, that we draw off the contents of the stomach after a certain time has elapsed, is a very practical and useful one.

Another practical clinical point is the one about marasmus. This disease, which by the way is rarely met except among the children of the poor, and, therefore, in hospitals and dispensaries, has been most thoroughly studied by Holt. In his investigations as to its pathology, he made numerous post-mortem examinations, something like 200 as I remember, and could find no lesion in any of the organs except some swelling in the liver, and this confirms the statement of our essayist that it is a functional disease.

The matter of prognosis, referred to by Dr. Raue, is a very valuable one clinically, since it simplifies the matter greatly in our determination in a given case as to whether the child is improving, or the reverse—a fact most difficult to determine

very often from the clinical symptoms, so that often we have floundered around in the dark, uncertain of the outcome of any case until the end came.

Testing, therefore, for the increase or decrease of hydrochloric acid, as shown by our author, will be of great value to every clinician.

As I have never followed out the methods of investigation of stomach-contents, I have no further remarks to make, except to express the hope that this paper will be published.

DR. J. E. BELVILLE: What I have to say is not in any respect a discussion of the paper just presented, but merely in compliance with Dr. Raue's request that I should present a few histologic facts bearing upon the subject under discussion.

The earliest trace of the stomach appears in a human embryo about the fifth or sixth day as a dilatation of the entodermal canal, the dilatation lying between the œsophagus and liver. As development proceeds, the œsophagus elongates, the dilatation increasing, and the stomach at an early period migrates into the abdominal cavity beneath the liver. The hypoblastic-wall of the stomach at an early period consists of a layer of cylindrical epithelium which gradually increases in thickness until about the tenth week, when the peptic glands begin to appear. These glands first lie entirely within the epithelial layer, not penetrating into the mesoderm. The gland, when thus formed, consists of a small central lumen surrounded by cuboidal cells, the interspaces between the glands being filled by the high cylinder cells. Growth of the glands into the mesoderm soon after begins, and there is a differentiation of the cells lining the lumen of the gland, the upper part of the gland being covered with cylindrical epithelium and constituting its duct, the lower or secreting part of the gland, the fundus, being lined with cuboidal epithelium. Soon after the glands penetrate the mesoderm budding takes place at their extremities, so that at seven months each duct has seven glands connected with it. After birth this proportion is gradually lessened through division of the ducts without corresponding increase in the number of glands, until in the adult each duct has but three glands connected with it. In addition to the two forms of cells already described a third variety makes its appearance, known as the

parietal cells or acid cells. These arise by differentiation of the cuboidal cells, previously described, by the accumulation within them of coarse granules; increase in their number takes place both by transformation of the original cells and division of the newly differentiated cells. As differentiation proceeds the acid cells take up their position outside the cuboidal or chief cells, and are not thereafter in contact with the lumen of the gland. With the Golgi stain a net-work of capillary ducts can be demonstrated, encircling the terminal end of the gland and bringing the acid cells into connection with its lumen. These parietal cells are spoken of as acid cells because of the view taken, but not absolutely demonstrated, that they are the acid-secreting cells of the stomach.

Dr. Raue in his paper has suggested that in marasmus these cells are affected. Up to the present time we are not able to demonstrate changes in these cells, but with better methods of examination, in all probability, it will be possible to discover such changes.

DR. F. MORTIMER LAWRENCE: Of Milton's poems somebody has said that they are "more admired than read," and as I listened to Dr. Raue's admirable paper I could not resist paraphrasing the earlier statement and saying that "original work is more admired than done." The very province of Dr. Raue's researches emphasizes the fact; for, in children, whose illnesses are above all things gastro-intestinal, the literature dealing with the stomach-contents is remarkable only for its meagre facts. It is amazing that so much opportunity for investigation should lie at hand and so long escape investigation.

Another thought which Dr. Raue's successful research into the chemistry of infantile digestion impresses upon me is the rise of the physiological chemist. A year or more ago, Osler, in advising young men as to the study of medicine, said that the resources of the dead-room were about exhausted, that future advances must be along chemical lines; and that he was correct is shown not only by such work as that reported by Dr. Raue to-night, but by the devotion of our journals of research almost entirely to the chemistry, rather than the mere morbid appearance of the diseased body.

The results of Dr. Raue's investigations seem to me to afford



conclusive evidence that the diseases of childhood are a specialty—that the rules applying to adult patients are not applicable in early life. This fact is most strikingly illustrated in his series of cases showing complete absence of hydrochloric acid. In an adult this would mean, in all probability, either extensive atrophic gastritis or cancer of the stomach; for *achylia gastrica* is rarely functional, though Einhorn has shown that in rare cases it may be a secretory neurosis. Dr. Raue's results indicate that in infancy an acidity below 10 usually, and complete anacidity always, indicates marasmus. This is an observation of more than ordinary importance, for it appears to place that disease, whose exact nature has long remained a mystery, upon a physiological basis. We are still ignorant, of course, as to the cause of this absence of hydrochloric acid. Three possibilities may be invoked. In the adult, such a condition, as I have already indicated, may be due to (1) degeneration and atrophy of the peptic glands, such as occurs in certain cases of cancer and advanced gastritis, or (2) some abnormality of innervation, as the result of which glandular activity is abolished. A third possibility, it seems to me, might be invoked in the case of the infant: that these glands may, because of non-development or otherwise, never have taken on functional activity. We have, so far as I know, no histological data to guide us. Holt, in his *Diseases of Infancy and Childhood*, states that he has performed more than 100 autopsies on patients, dead from marasmus, and in at least eight cases he has undertaken careful microscopical studies of the gastro-intestinal tissues; but in no case has he found anything characteristic. Other investigators have been equally unsuccessful, though certain German writers attribute marasmus to atrophy of the intestinal tubules. In the light of Dr. Raue's observations, the condition of the peptic glands will unquestionably become a matter for investigation on the part of our pathologists.

Dr. Raue's acidometer appeals to me. While titration is simple enough to those accustomed to it, to the average man in active practice the required apparatus and technique are apt to seem incompatible with the rapidity with which he insists on reaching results. The simplicity of Dr. Raue's little instrument will, I hope, satisfy these busy men. It renders the estimation of the gastric acidity as easy and more rapid than the

estimation of albumin by means of Esbach's instrument, or of sugar with Einhorn's saccharimeter; and it is decidedly less "fussy" than the Doremus ureometer. That there is need of more accurate investigation in most cases of gastric disorder is well shown by the experience of our department in the dispensary. When first organized, the diagnosis of "chronic gastritis" was very popular; but when Dr. McNeill wished to make a statistical study of that disease, and began to investigate the stomach-contents in such cases, fully nine-tenths of them proved to be nervous dyspepsia in some form or other, especially hyperchlorhydria. This is exactly the way it goes in general practice, and the obstinate refusal of most cases of dyspepsia to get well is due to a similar misunderstanding of the exact nature of the trouble. The symptoms of all forms of gastric derangement are practically identical, and only by examination of the gastric contents can the real nature of each case be determined. If Dr. Raue's acidometer will encourage every practitioner to do this, incurable dyspepsias will be very much less common than they are now.

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#### INTRODUCTORY REMARKS UPON THE SURGICAL AND LEGAL ASPECT OF TRAUMATIC NEUROSIS.

BY O. S. RITCH, M.D., BROOKLYN, N. Y.

(Read before the New York State Homœopathic Medical Society.)

NEUROSIS is a nervous disease by which functional disturbances are revealed, yet in many instances without any discoverable lesion; nor does it follow, because we cannot always diagnosticate the true pathology, that the symptoms and treatment are any the less important. Objectively, its surgical relation has reference to traumatism, either accidental, as a fall, blow, concussion or compression, and acquired as the result of recognized operative interference. Shock being a sudden, vital depression is the result of either acquired or accidental nerve-depression following injury to the nerves, and is a strong factor in neurotic conditions, due to the swift impression made upon the nervous system. There are many ways in which this

shock can and is produced; but, for the purpose of this paper, I wish to eliminate all producing-factors save those whose origin can be traced to injury or violence, to endeavor to note some external manifestations, tabulate subjective observations, note some relations to real nerve pathology and its satanic cloak, hysteria, and upon what hypothesis must a diagnosis and prognosis be formulated, in order to be fair to the patient and honest in our best judgment to the profession.

Hysteria, the bugbear of medico-legal testimony, is derived from the Greek *ὕστερα*, meaning a womb, and, speaking in similitude, the source from which radiates life in all its forms, the multiplicity of character, the quality of mind and body peculiar to such individuals, the almost innumerable gradations of nerve-impressions, anæsthesia, hyperæsthesia, paræsthesia of varying degrees of sensory and motor disturbances, morbid impressions of an imaginary reality, the marked simulation of symptoms of various pathological phenomena, hallucinations which, from their vitagraphic panorama, lodge a degree of mentality of such profound impressions as to border upon the reality, and with such a picture as an obstacle staring me in the face, ready at an opportune time to barter itself off for a specific condition, I approach an attempt toward an analysis of this subject with much trepidation.

All injuries or, in fact, any degree of violence to peripheral nerves is esodic or centripetal, and transmits its force to the nerve-centres. An impression of depression has been produced, and, as a result of this depressed vitality, there may be returned to the periphery a vasodilation or vasoconstriction which, in either case, is an interruption to the blood-supply of the immediate contiguity which will be manifested by objective symptoms of a variable degree of the inflammatory process, and from such an injury may be exemplified a diversified combination of neurotic symptoms, which would be classified under what is denominated traumatic neurosis. This term is allowable upon the ground that it reveals various functional disorders which follow injury without, in some cases, denoting any special form of disease, because what is commonly known as nervous shock has been produced. The nature of the accident has much to do with the nerve-impression, which may develop a continuous or ever-changing set of symptoms, which have



become such a fixture in the mind of the patient, so that what in reality was only a functional disturbance may simulate an organic condition, and which would seem to be confirmed by many of the signs and methods of examination, so that the surgeon giving an expert opinion must be careful and cautious in learning every detail of the accident, and, with special reference to this phase of the examination, what nerves are involved, to what degree are these forces obliterated or benumbed, of what constitutes their healthy action, what is the degree of variability from that standard, how much to the immediate and past mental impressions, how much impairment is due to the accident.

Then there must come that keen discrimination where there are some symptoms of a definite change in the nerve-structure, and where a set of symptoms can simulate almost to a picture, in some instances, a true pathological state. We must not lose sight of the fact that a state of nervousness is almost always one of the results of an accident. This, obviously, is subjected to the nature of the accident, some producing a more marked depression and lasting impression than others. Injuries of almost any degree of force of the more important parts, as the brain or spinal cord, also the effect of railroad accidents and injuries resulting from a fire, even though the actual physical destruction is not great, produce a greater degree of fear as to the ultimate outcome, irrespective of the actual extent of the accident, than the results following a simple fracture, or a head-long dive into a snow-bank, resulting in cuts and bruises, or even a severe injury as the result of a friendly combat, or one in which the injury may be the result of an extra-hazardous position and the accident the fault of no one in particular; then the temperament of the patient must be reckoned with,—his nationality, his situation in life, or whether one can content himself with a logical deduction of the accident as it is and abide by its results, or whether nothing short of revenge, satisfaction or pecuniary considerations will suffice to appease, alleviate or dissipate a certain set of symptoms. There can be no getting behind a true pathological condition, and yet we must be careful not to find ourselves supporting a set of symptoms simulating reality, but which are only the results of impressions following and producing functional disorders. It is not my

purpose to say that functional disturbances of the nervous system which follow injury are not to be computed with, for if such conditions exist we must not be influenced to a different conclusion; for, in either case, the patient was not before the accident what has developed since the accident—call it what you like—for, whether true or imaginary, the state of the patient is perturbed and must be reckoned with. The psychosis and neurosis of traumatic origin produce so many symptoms that are manifested in other psychological and neurological diseases, which have their origin in many causes other than traumatism, that the more I touch upon leading generalities the more complex it becomes; and yet for years I have noted, from time to time, and sometimes with amazement, that where a patient has had a condition which defied all the resources of some of our best men to radically improve, or through some unknown agency get well, after a case has been legally disposed of, so that I have wondered what our friends of the law think of us after great experts, honestly of their own convictions, publicly declare that the patient is permanently disabled, that the injury will continue to grow worse, and that there is no probability of the patient ever being any better; and yet, in spite of this most profound logic, the patient seems to throw off a cloak or caul which seemed to enveil him into a mystification of his real condition, and now he sees, hears, feels and walks like other people, and even, in some cases, the time-worn intermittent claudication through the mental evolution is lost sight of, and what was is not, and what is was only veiled, whether consciously or otherwise continued.

There are many persons made complete nervous wrecks as the result of an accident in which there is not the slightest trace of a hysteroid condition. Such a one evokes our most profound commiseration, and should not, and will not, be criticised by me. Their condition is pitiable in the extreme, and deplorable as to the final issue. I trust you will perceive my object in this short generalizing of trying to bring before us, as between the true after-effects of an accident with symptoms and conditions positive of such a state, of true nervous prostration and a hysteroid condition, which may and is influenced by many predisposing, exciting and imaginary causes, to make our expert testimony more simple and positive, so that the

famous hypothetical question, which is propounded as an alternative of last resort to bolster up or dethrone all previous testimony, shall become inapplicable, irrelevant, and will not serve or support the object desired, *pro* or *con*, to the testimony, because we have been able to arrive at a definite conclusion, by a proper examination and sufficient opportunities for full observation of the individual case in all its bearings, not to be rushed into a lawyer's office on the morning of trial to examine an accident a year or more old, and then go on the stand and give testimony which the patient may upset in a few weeks later. My experience has been, by practice and observation, where the doctors for both sides have met in consultation they have usually arrived at about the same conclusion, and where examinations were conducted individually and separately, that a different diagnosis and prognosis was often the result. In the first instance, there is no material divergence of testimony; and in the other case, it is to a large degree the preponderance of one medical logician against another, all of which tends to depreciate and undervalue medical knowledge. Therefore, our answers should be such as will admit of no supposition, so that we may uphold and elevate our Alma Mater to its most lofty heights, and then we can command and demand the respect which ought to be accorded to the most honorable of professions.

(To be continued.)

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#### HYPODERMATIC HOMŒOPATHIC MEDICATION.

BY HAROLD E. DUNNE, M.D., PHILADELPHIA.

DURING my service as resident physician at the Hahnemann Hospital of Philadelphia, it was my good fortune to make, from time to time, certain observations which led me to consider this phase of therapeutics. Before going further, I would like to say that I am not offering a method to take the place of the oral administration of homœopathic medicines, but simply to supplement a way better adapted to certain abnormal states for definite clinical reasons.

There are some physicians who claim that the method of



drug-action upon the human organism is *not* necessarily obtained by digestion or introduction into the circulation, but by contact with nerve-endings, acting on and through the nervous-system; so, by placing the medicine upon the tongue of a refractory or unconscious patient, the desired result could be obtained equally well in that manner. When we come to talk of how a drug cures we can only theorize. No living man *knows* the *modus operandi* of the homœopathic remedy. The result only is knowable, and not the operation of a cure or drug-effect. The result and fact that I bring before the reader in this instance is that rapid and certain action can be obtained by the subcutaneous administration of the homœopathic agent, the dose being adapted to the case under consideration.

From experiments and observations made upon men and animals it has been found that various emotions, such as fear and anger, will stop digestion. If slight mental disquietude will cause digestion to cease and render the stomach inactive, is it not reasonable to suppose that a similar condition would be present in those individuals affected with more violent emotions and diseases? for example, apoplexy, epilepsy, shock, rabies, angina pectoris. In cases of this kind how uncertain it is to place medicine on the tongue or, indirectly, in the stomach. If the patient is still living one thing is certain, the circulation *is* active, blood *is* coursing through the vessels. Therefore, is it not more rational to inject our remedy, under proper precautions, directly where it will do good, instead of allowing it to mix and mingle with the various fluids of the digestive tract, which, *per se*, is in a latent condition?

Another possible objection would be on the grounds of the manner of original provings of remedies; the assertion, possibly, being made that the symptoms and conditions produced upon the healthy by our agents were all made by the mouth, and that remedies hypodermatically injected would not produce a similar action. From analogical example and personal experience I can demonstrate this possible objection to be invalid; for instance, the greater portion of the provings and pathological findings incorporated in our materia medica under the various snake-poisons were produced by the hypodermatic injection of the virus; in most instances the hollow fang being the needle, the poisoned gland the syringe, the muscular and com-

pressive power of the snake's jaws the force of injection. Yet we give these remedies by the mouth upon identical indications, and get results, too. Is this not a logical converse to my proposition? If remedies hypodermatically proved act homœopathically when prescribed by the mouth, why will not remedies proved by oral administration act equally well in a hypodermatic prescription?

The hypodermatic use of such drugs as morphia, atropia, apomorphia, digitalis, pilocarpine, etc., in doses capable of producing their so-called physiological effects, all demonstrate the similarity with that of oral administration, but always with greater rapidity and more certainty of action.

Lastly, my own experience with this method will substantiate my claims. My first experiment was in the use of camphor, subcutaneously, for surgical shock, in preference to the time-honored and much-abused strychnia. The provings of camphor strongly portray a perfect picture of shock, as is well known, and, injected under the skin, one-half to one drachm at a dose, using a drachm to the ounce solution in sterile olive oil, it not only stimulates the heart, but brings about a quick reaction in the depressed vital forces, acting, no doubt, homœopathically.

The following series of cases will illustrate an important field where this system of therapeutics is invaluable.

CASE I.—Male; 35 years. Gives history of prolonged spree for several weeks, drinking mostly whiskey. When application for treatment was made, he was having hallucinations of various members of the insecta, and horrible exaggerations of men and animals. Tremor was well marked in upper extremities and jaws, that of the upper extremities being about four inches in amplitude. He spoke only with great difficulty, owing to the tremor of the tongue and lips; beads of sweat covered his forehead; a peculiar movement of the head was present, as if the head was being dragged away from the body by invisible hands; the eyes were prominent and very brilliant, the pupils widely dilated; face flushed; thirst was violent, but drinking ineffective, owing to spasm in throat upon attempting to swallow. The patient was placed on a table and lightly restrained, to prevent falling. The case, I thought, was a clear indication for stramonium, and, as the man's stomach was hardly suitable

for the reception of medicine, a hypodermatic injection of five drops of the tincture of stramonium in one drachm of sterile water was introduced under the skin of the right forearm. The effect was wonderful and almost immediate; in fifteen seconds, by the watch, the tremor had lessened, in one minute greatly decreased, and in three minutes all tremor of the body had stopped. The patient could speak much better, and admitted that he felt greatly relieved, and drank a glass of water without difficulty. Members of the resident staff were present during the treatment of this case and were much impressed with the rapidity of action of the hypodermatic use of stramonium. The improvement continued, and two hours later the man left the hospital, not even asking permission.

CASE II.—R. S.; age 40; male. History of continued drinking; tremor of hands; very nervous; said "the devil had made several attempts to capture him." Stramonium tincture, five drops in one drachm of sterile water, was given hypodermatically; the patient then put at rest. The tremor stopped in one minute. Discharged in half an hour, feeling generally improved.

CASE III.—G. M.; age 39; male. Gives the usual history of whiskey-drinking for several weeks; marked coarse tremor of hands and tongue; could not speak plainly. Hypodermic of stramonium tincture, five drops in one drachm of sterile water. Dose repeated in half hour; tremor stopped in one hour. Discharged, feeling much better.

The pathologists tell us that the brains of these subjects are œdematous and the cortex congested. Stramonium acts almost entirely upon the brain, and its action is known to be intense and rapid. These three cases unquestionably show the beneficial action of the similar remedy subcutaneously administered.

I shall next describe my experience with *rhus aromatica* in acute retention of urine. This member of the non-poisonous *rhus* family seems to have an almost specific relation to that agonizing and dangerous affection. More by good luck than good management I stumbled upon this fact. In some inexplicable manner I had the term retention mentally associated with *rhus aromatica* instead of enuresis. The first case of acute retention that I met with I had resolved to try this remedy.



I afterwards discovered that the drug was advocated for enuresis, and not for retention, but too late to prevent the accidental extension of the field of usefulness of this medicine. The following cases will show its valuable action in this new departure :

CASE I.—W. H. H.; age 30; waiter; male. Has not urinated for eighteen hours; bladder markedly distended; history of old gonorrhœa; had been drinking considerable beer. *Rhus aromatica* tincture, gtt. five, in sterile water, injected hypodermatically in the inner side of thigh. Fifteen minutes later the patient passed four ounces of urine; continued passing small amounts from time to time, and at the end of an hour had passed, in all, thirty ounces. Patient greatly relieved. Referred to the dispensary for examination and further treatment, if necessary.

CASE II.—S. W.; laborer; age 40; male. Acute retention of urine. Gives history of stricture and gonorrhœa. Says he recently got wet while at work; has not urinated all day. *Rhus aromatica*, gtt. five, aq. dest., drachm one, hypodermically. In a few minutes passed a few drops; repetition of the dose in half an hour; soon passed urine more freely, and says he feels much better. Before being discharged, emptied bladder freely.

These are the only two cases in which I have used the drug hypodermatically, but with good results in both cases. No additional treatment of any kind was used in these cases.

*Rhus aromatica* works exceedingly well, but not so rapidly, if given by the mouth in hot water. I have treated several cases of retention by administering the remedy in that manner, and the patients were all benefited with but one exception, and in that instance no effect was apparent. Now I do not pretend to say that *rhus aromatica* will relieve all cases of retention of urine, but I will claim that I have found it a most valuable help in a number of instances.

Before closing my subject I should like to offer a few suggestions for the future development of this special line of therapeutics :

1. The use of the subcutaneous injection of the homœopathically indicated remedy in all cases where a rapid and certain action is imperative.

2. In all diseased conditions of the alimentary canal contra-indicating oral-medication; for example, glossitis, stomatitis, œsophageal stricture, progressive bulbar-paralysis, etc.

3. The hypodermatic use, according to indications of

(a) Glonoine, verat. vir., bell., acon., opium, in sunstroke.

(b) Verat. alb., camphor, carbo veg., secale, in collapse and shock.

(c) Acetic acid, apomorphia, ipecac, arsen. iod., in post-operative cases of persistent nausea.

(d) Apomorphia, cerium oxalate, cocculus, in reflex vomiting; for example, sea-sickness.

(e) Cuprum ars., in uræmia and puerperal eclampsia.

(f) Echinacea, baptisia, carbolic acid, lachesis, rhus tox., crotalus, arsenicum, in the surgical fevers and other septic states, in addition to the other usual measures.

(g) *Enanthe crocata*, during the convulsions of epilepsy.

(h) *Ambra crisea*, *moschus*, *valeriana*, strychn. valer., *nux mosch.*, *ignatia*, in hysteria, during states of agitation or convulsion.

4. The action of iodoform in tubercular meningitis might be enhanced by injection beneath the scalp, the emissary veins conveying this powerful anti-tubercular agent directly to the involved meninges; the usual dose being used, of  $\frac{1}{100}$ — $\frac{1}{50}$  gr.

5. The apparent advisability of the hypodermatic use of the homœopathic remedy in the following conditions:

Heat-exhaustion, thermic fever, epilepsy, progressive bulbar-paralysis, hæmorrhage, hysteria, glossitis, asphyxia, syncope, shock, tetanus, rabies, pernicious malaria, mania, meningitis, delirium tremens, Asiatic cholera, cerebral apoplexy, uræmia, morphinism and other drug-habits, collapse, trance and suspended animation, convulsions, angina pectoris, coma, cholera morbus and infantum, and all medical and surgical emergencies.

A few words in regard to the proper technique of injection: Luer's all-glass syringe, with barrel and piston accurately ground, is unquestionably the best instrument for this special use. It can be procured from any surgical supply-house. The best distilled water should be used, or water that has been boiled. During the course of my work on this subject I have designed a pocket-case for simplifying this method of medica-

tion. The complete outfit consists of a Luer's syringe, aq. dest., sterile alcohol and absorbent cotton in glass-stoppered vials: two wide-mouthed, glass-stoppered, two-drachm vials for mixing (one for dilutions and one for tinctures and crude substances), and a small glass pipette for accurately measuring liquids. The above articles, with necessary remedies in glass-stoppered vials, are conveniently arranged in a compact leather pocket-case. I believe this outfit will be a valuable and necessary addition to every physician's and surgeon's emergency kit. All metallic and mineral medicines should be procured in the soluble tablet form, similar to the ordinary hypodermatic tablets. The *modus operandi* of injection is as follows: Boil syringe, needles, pipette and mixing-vials before using, so as to render them absolutely sterile; place the accurate amount of the tincture, dilution or drug-substance to be used in the mixing-vial, draw up the required amount of aq. dest. with the syringe and add to the medicine; insert the stopper and mix by succussion on the palm of the hand; then draw the fluid into the syringe-barrel, adjust the needle, exclude all air; then clean the site of injection, preferably with the tincture of green soap and hot water, followed by a rub of alcohol with a sterile tampon; never use bichloride or other active chemical antiseptic. The best point for injection is just one inch below the great trochanter, this spot being almost devoid of nerves. This technique may be too minute for the non-conscientious; however, it is always best to err on the safe side, always remembering that the best is none too good. The great danger in the hypodermatic method of drug-administration has always been from sepsis, but if the proper care and precautions are taken, the danger of infection should be—*nil*.

If the technique is not absolute, this method of medication had better not be attempted; for the consequences of the indiscrete pumping of dirty water into the human economy is of grave significance.

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CHRONIC ITCHING.—When you get a case of pruritis, the pathology of which is obscure, and which does not yield gracefully to your "well-selected" remedies, just remember that *urtica urens* is a capital remedy for itching. The mother-tincture will do no harm.



## REMARKS ON THE TREATMENT OF MALARIA.

BY W. S. SEARLE, A.M., M.D., BROOKLYN, N. Y.

(Read before the Homœopathic Medical Society of Kings County, New York.)

WHEN Satan took the job of corrupting Job, he selected boils as most conducive to profanity. It is evident that, at that time, his Nibs, while well up on the subject of heat, did not know about chills, and, consequently, did not appreciate how much more effective would have been a good, square dose of malaria.

There is probably no curable disease more universal in occurrence, more protean in form, or more elusive in treatment; and yet the wily Dr. Winchell persuaded me, on a day when I happened to have had a good dinner, and was, therefore, amiable, to endow you with my well-known wisdom as to the treatment of malaria.

Now, setting aside the very slight chance of my enlightening you, the forms of this malady are so numberless, and the modes of its treatment so various, that a treatise, rather than a few pages, would be necessary.

I shall, therefore, limit my essay to a few ideas peculiar to myself, with some of which you will probably disagree.

And first let me mention a remarkable fact—one for which there seems to be no parallel or adequate explanation. It is this:

Left to itself—uninfluenced by drugs—malaria persists for an indefinite time. I never heard of an instance of spontaneous recovery from it. I never heard of an ague cured by “Christian Science,” or “mind or faith cure,” or osteopathy—*et id omne genus*. Often it persists for years, causing much discomfort, but rarely death.

That it is essentially a zymosis is now believed to be proven. It is caused by germs which are distinctive and recognizable, and yet, in spite of such an origin and such a nature, it is, as a rule, easily, speedily and permanently cured—more so than any other zymosis, the germs of which have so long a normal life. Often it is cut short by quinine, and sometimes it is

cured by that drug. Not seldom, too, the homœopathic remedy or remedies afford equally brilliant results. Why this germ should endure so long, and yet be so easily killed, is a mystery.

I have said that the various salts of quinine sometimes cure intermittent fever. Often they suppress it temporarily only, and in some instances, I believe, they fail either to break or to cure it.

The cases that it cures are those that take a typical course—a chill, a fever, a sweat and an interval; in other terms, a malarial infection in a person otherwise sound, and showing no local complication, no chronic or acute inflammatory process.

When such complications do exist, quinine may stop the return of the paroxysms for awhile, but they recur, sometimes, in spite of the continued use of drugs.

In these simple, classical instances of malarial infection I have, for thirty years, employed a combination of the bisulphate of quinine with the ferro-cyanide of iron in the form of a pill. Each pill contains one-half grain of each ingredient.

To be thoroughly and permanently effective, they should be given as follows: As soon as sweat develops two of these should be taken every two hours during the day, and, as a rule, there will be no recurrence of the paroxysm. Should there be, however, they should be still continued till all signs of an attack disappear.

Then one is given three times daily until the day week of the last paroxysm. On that day two pills are again given every two hours; then one three times daily; and so on for four weeks.

I have never scored a failure with this treatment unless some hidden complication existed, and, that removed, the above course was effectively adopted. This has been true when even very large doses of quinine, given alone, have failed.

I do not understand the *rationale* of this clinical fact, but that it is one I am sure.

The iron, of course, helps to prevent or overcome the anæmia caused by the malarial germ or its toxin, but why this peculiar salt of iron should be better than others I am at a loss to say.

In treating the numberless instances and varieties of complicated intermittents, my own method is to endeavor to find out the organ that is in fault, and to select some drug that acts

directly upon that organ, and, at the same time, has intermittent tendencies.

I do not need to confess, as every honest physician must, that I sometimes fail to cure my cases in this manner, and am obliged to adopt even more empirical methods, but I believe our imperfect and misleading materia medica is to blame for such failures.

Another therapeutic idea in the same line I obtained from a work on intermittent fever by a former resident in this city—(a man of clear thought, great originality, and excellent education). I refer to the late J. S. P. Lord. He classified our remedies into those that act on or through the cerebro-spinal system, the sympathetic or trophic, and the circulatory system. And when more than one drug was needed to “cover a case,” he advised the selection from a different class or classes, and using these in alternation or succession.

Farrington, also, in his lectures, notes and utilizes the same complementary idea.

I go farther than either of these writers or the most of my colleagues, as you will see.

Partly, no doubt, as an entirely justifiable revolt from the polypharmacy of the old school, and partly, also, from what may be termed the logic of the new, the idea of the “single remedy” grew up. But I need not say that, in acute disease especially, it has been and is, and will always be, an ideal difficult to attain. Hence has arisen the practice of the alternation of drugs.

Now, alternation may be either scientific or idiotic, depending on how it is applied. If you should see a practitioner prescribe belladonna alternately with opium, or mercurius with arsenic, you certainly, and rightly, would call him a fool. But just as certainly the doctor who alternates aconite with bryonia or rhus with mercurius has often, if not always, not only sound reason on his side, but necessity as well. Who of you does not do it?

Why, then, is the one procedure right and proper and the other not? Simply because, in the one instance, the two drugs belong to the same class, while in the other they do not, and one is the complement of the other.

Now, the traditions of our school advise and direct that.



when two drugs are necessary, the physician should alternate them, and *not* combine them. If, say, nux and bell. and mercurius seem demanded (and such a case is no merely supposititious one), you may give them in succession or alternate them, but to combine and give them together is not to be endured.

Let us look at this matter from a common-sense standpoint. A farmer is driving a horse and leading one or two more. He gets stuck in the mud. He finds that one horse cannot pull him out, so he tries them alternately, and is still stalled, when three or even two would have been efficient at once.

I admit that the *simile* is a coarse one, but I insist that it is just, and I assert that the instances are common when the proper drug from each of the three named classes, viz., cerebro-spinal, trophic and circulatory, should be administered together, and that he who does so will find it not only good and scientific, but also the best practice.

I well know that if I had advocated such principles thirty years ago I should have been morally stoned, or at least been kicked out of the homœopathic synagogue.

Now, however, I don't believe I am in any danger. I can hide behind most of you and say "let he who is without sin among you cast the first stone." I think I may add, without fear of contradiction, that most, if not all of you, alternate drugs in daily practice; and, admitting that, I defy any one to show how, in what way or particular, combination is worse or essentially different from alternation.

This is not the time or place to fully discuss this matter, so I will only add that, after much anxious thought and long and careful experiment, I have reached the conclusions here indicated and outlined. And having now, as always, the "courage of my convictions," I do not hesitate to express them.

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VOMITING OF PURELY NERVOUS ORIGIN.—Some one will be glad to learn that cascarrilla tincture, in doses of one or two drops, has been found to act promptly and efficiently in vomiting of purely nervous origin. Larger doses than those just mentioned seem to aggravate.—Trans. from *M. M. f. Hom. in Clev. M. & S. Reporter*.

## TREATMENT OF APOPLEXY.

BY C. SPENCER KINNEY, M.D., EASTON, PA.

(Presented before the February Meeting of the New York State Hom. Medical Society.)

PERHAPS an apology should first be made to the society for presenting even a short paper on so well-worn a subject, but, from my experience with certain cases, I feel that there are some points that have been overlooked by many who have been called to treat this difficulty. Of course we can do nothing in a typical case of apoplexy, as its advent is usually unexpected and the attack swift in its working, with death terminating the scene.

There are other attacks, however, which we are pleased to term "apoplectiform seizures," and which closely resemble the true apoplexy,—the symptoms of motor disturbance varying in degree with the extent of territory involved,—and for these considerable may be done by pursuing a careful and conservative course of treatment. Whenever these symptoms of motor disturbance, even though slight in their character, are recognized, we must insist upon absolute rest as a matter of the first and most supreme importance. Not only physical activity, but everything having a tendency to induce anxiety of mind in any phase must be carefully avoided, and an atmosphere of quiet and freedom from all excitement be maintained.

When we consider the causes which lead to the attack, we can readily understand the necessity for keeping the blood-current in a quiescent state, in order that nature may repair the damage done. The patient should not be raised to an upright position, nor carried from room to room, and the clothing should be removed or changed with the least possible amount of motion. The recumbent position should be maintained for a week or ten days at the least, and no exertion on the part of the patient be permitted. The extremities should be kept warm by heat, or, better still, by massage, thoroughly given, and the heart's action carefully watched and supported. The functions must be regulated with care, as a little neglect in this direction creates a danger from auto-intoxication, which, in itself, predis-

poses to seizures of apoplexy. Every channel of elimination should be kept as free as possible, and, after three days have passed, and there have been no further seizures and no increase in the paralytic symptoms, I know of no better course to pursue than the intelligent use of colonic flushing for the bowels, using sterilized water at a temperature of 110 to 120 degrees. If this results in an evacuation, then give a sterilized saline enema as high up as possible, with the intention of having it retained. This should be done every third day, or every other day, at a stated time, and will bring much comfort to the patient; also, by its thorough irrigation of the kidneys and bladder, it allows a greater susceptibility to any homœopathic medicine that may be administered, for we cannot consider a condition inviting auto-intoxication as anything else than a detriment to any drug we wish to employ.

Alcoholic stimulants should not be given, as they only increase the difficulty. Three days or more may safely elapse without effort being made to give the patient nourishment, as frequently the stomach is in so irritable a state that no food can be retained or assimilated, and there is the added danger of needlessly exhausting the patient by nausea and vomiting. When water can be swallowed, it should be given in moderate quantities at frequent intervals, a teaspoonful at a time, care being taken not to raise the head.

When it seems absolutely necessary to give nourishment, and there is difficulty in swallowing, rectal alimentation should be resorted to after the bowels have been evacuated by a sterilized enema. Bovinine, two teaspoonfuls, Mellin's food, four teaspoonfuls, and a pint of sterilized milk may be injected twice daily, this being sufficient under ordinary circumstances.

Do not underestimate the danger of allowing the patient to *get up too soon*, to be seen by friends, to talk business, or in any way to be annoyed.

When it comes to the administration of medicine, arnica is probably employed as freely as any drug with which I am familiar. Belladonna comes next, but I have found that opium, given in appreciable doses, is worthy of the utmost confidence. Another remedy in which I have great confidence is echinacea; and this is especially indicated where there is a



tendency to degenerative changes, the best results having come from twenty drops of the tincture in half a glass of water, given every half hour, or with less frequency, as the symptoms in the case may determine.

One must constantly bear in mind that every channel of elimination be kept free, and that mental and physical rest that is absolute be maintained, in which emotional strains are to be avoided as wholly pernicious to this class of sufferers.

### DERMATOLOGICAL CLINIC.

BY EDWARD M. GRAMM, M.D., PHILADELPHIA.

(Delivered before the Homœopathic Medical Society of the County of Philadelphia.)

OUR President, Dr. Haines, in preparing for the work of the Society for the winter season, asked that those of us who would have the opportunity of obtaining cases for presentation to the Society should select some on which we could base a few thoughts that would be of advantage to the profession. You know how well the subjects presented at the two previous clinics were received, and I hope that you will grant me indulgence to-night, as my cases are possibly not so interesting as the others you have seen, and yet I think we can learn something from them.

The first one which I wish to present to you is a very common one,—impetigo. The disease is usually found in children who play without having any supervision, but it is not limited to that class alone, and therefore any of us can run across cases of the disease. This little girl is two years old, and she came to us on April 6, 1903, with the history that for four weeks prior to coming here she has had flat pustulo-crusty lesions on the chin, back of the ear and on the scalp. These she scratched,—I mean these she scratches,—as there is itching. Another feature of the case which is rather unusual in this form of disease is that in different places on the cheeks we have acuminate (pointed) papulo-pustules developing. Now, I will have the little girl go among you, and you will get a good chance to see her; and then I will speak to you further

about the trouble. I want you to note particularly the flat pustulo-crusty lesions, and, in the second place, that there are other lesions among them which are not of a pure impetiginous type; these latter are small, acuminate papulo-pustules. All, however, are due to pus-infection.

The disease impetigo is, according to Duhring, of two varieties; namely, impetigo simplex and impetigo contagiosa.

The ordinary variety of the disease develops in the form of rather tense, pea-sized pustules, without any particular tendency to rupture, the pustules not affecting the skin deeply, being superficial and lasting but four or five days; then the contents dry, a crust forms, and this crust is of a honey-yellow or straw-yellow under some circumstances. The crust remains in place but a few days and falls off. At the end of about ten days, if the disease runs a normal course and there is no infection of other localities brought about by the scratching, we have a little, reddish, slightly scaly area left, which finally disappears, and the skin resumes its normal condition.

In the average case of impetigo there are no subjective sensations, so that the child does not bother to scratch the eruption; it picks it. It is a characteristic of childhood to pick any lesion that appears upon its body which it can reach. The disease is, as a rule, on uncovered parts. Duhring states that the ordinary impetigo begins with some few febrile signs, but not much fever. The ordinary impetigo is a disease which appears in children who are quite strong, where the health is up to the average or above the average. The impetigo contagiosa, instead of starting as a tense pustular lesion, starts as a vesicle. This vesicle rapidly changes to a pustule, having a tendency to spread at the periphery, so that, if you have a vesicle of one-eighth inch diameter at the start, before it has had a chance to crust it will possibly increase to one-half inch in diameter. The crusts are, perhaps, a little larger in the contagiosa variety than in the simplex. Both varieties are due to pus-infection, and in this particular case the interesting point in regard to the patient is, that we have not only a pure impetigo present, but we have a more deep invasion of the skin, and more than likely of the follicles, by the pus-producing germ (of course, it is the staphylococcus), and we have a folliculitis developing, so that here we have not a plain impetigo, but

an impetigo plus a folliculitis. There is also some febrile disturbance in the latter variety of impetigo, and what I neglected to say is that, as a rule, the children affected by it are not so healthy as those who develop impetigo simplex.

Now, so far as the treatment is concerned it is very simple, and no one should fail to cure a case rapidly. I have said to you the disease lasts about ten days, so that if you give your remedies, and it takes you four weeks to cure a case, it has not been cured, it gets well in spite of what you gave and not because of what you gave. Without treatment it ought to run its course in about ten days, and it ought to run its course in a shorter time if you do the proper thing to cure it. In the first place, the object in the beginning of the treatment is to see that all products of disease are removed from the surface; crusts must be taken away, and must be removed frequently, and that can very readily be done by over and over again soaking the surface with olive-oil; if the crusts are very thick and do not yield quickly to the oil-soaking, you can put on a wet compress, or you can apply a poultice until they are thoroughly softened; after they are softened, wash them off nicely with warm water and soap, and you will then have a place upon which to put your ointment. We have had cases come to the dispensary where the patients go on putting one layer of ointment upon another, and thus lose the effect of the ointment upon the diseased skin, as the fresh ointment is put upon a layer (often impervious) of ointment and exudations of the disease. Therefore, I say remove the crust first, and you will have a place upon which to put your ointment, and then it can act upon the disease.

The specific for both varieties of impetigo is the ammoniated mercury, and it can be used anywhere from 10 grains to a drachm to the ounce of excipient. In the average case the excipient had better be stiff, so that zinc ointment can be used, or, if your patient can afford it, lanoline. This must be put on two or three times a day and washed off two or three times a day. Apply the ointment to the diseased area, and your case will get well rapidly. Cicuta certainly stands at the head of the remedies for the cure of impetigo. Other pustule-producing remedies are to be thought of, among which are antimony crudum, viola tricolor, oleander and others, selected, of



course, according to their indications; but the average case of impetigo will come to you with absolutely no symptoms, and, therefore, if you endeavor to make a good homœopathic prescription from the skin indications, you will make one that will be based upon a pathogenesis that you will find in our *materia medica*, and which in nine cases out of ten is wrong, because no consideration has been taken in the provings of the stage of the skin condition during which the lesions listed appeared, so that you find under a given remedy every skin-lesion which it is possible for a skin disease to manifest, and therefore, of course, it is impossible for the average physician to prescribe according to the skin indications in our *materia medica*. That brings us up to this thought. The average case should never be prescribed for from the view-point of the skin. If you have a patient who has skin manifestations, that patient will have much more important systemic indications for remedies than the skin symptoms are or can be. On that account you want to cover the whole ground of your patient's disease,—not only what the patient shows you, but other conditions of which he says nothing and which you can often elicit only by close questioning.

Of course, there are other local applications recommended, and, in fact, some cases of impetigo which do not follow a regular course, and in which the pustules, instead of drying into crusts in a few days, as they should, ooze freely. There will be a breaking down of the epidermis at the periphery, and a free oozing, causing a moist condition. You will find that indication under *mezereum*. Here you need a powder to dry up the tendency to ooze, and there is nothing better than subgallate of bismuth. That can be used anywhere from 20 to 48 grains to the ounce of powdered starch. Here, again, cleanliness is absolutely necessary, so that the subgallate of bismuth must be applied twice, and must be washed off twice, a day. As soon as the oozing has ceased, go ahead with the ammoniated mercury, and the case will get well very quickly.

The next case I wish to show you is that of a boy 16 years old; or he was 16 when he came to us on January 6, 1900. He stated that seven years prior to his appearance at the dispensary an eruption developed. That eruption was of a dry, scaly character. It affected almost the whole surface; but had,

however, a predilection for extensor surfaces. There was a great deal of itching in his case, particularly when he became overheated; and he attributed the onset of the disease to vaccination. This young man had not been under treatment for several years prior to his coming to us, but when he was under treatment he had used arsenic for quite a long time. This is a history that we very frequently find in skin diseases, and here is a thought which should, I think, be mentioned. If we find a patient in whom an eruption is worse in summer (when it ought to be worse in the winter) or, we find that it has become or was dry and scaly for a long period, that patient has probably used arsenic, and that in massive doses, and, therefore, aggravation of the symptoms in the summer-time will not indicate arsenic in potency.

When he first came to us he used a local application which, unfortunately, is not on the market any more. It is called gallacetophenone and is one of the coal-tar series. I have tried for a long time to obtain a supply of it, but the drug-houses do not import it any more. It was used in 10 per cent. strength, and certainly was one of the most wonderfully effective applications in psoriasis that I have ever used, and for a number of years we used it in the dispensary. Where this application was used the case would seem to yield much more rapidly than with other drugs. This young man was with us about seven months and then the disease disappeared. His last visit to us was for an impetigo. He was photographed at the time by our president, and this is his photograph when he was at his worst, so you can see the condition he was in then. He had typical lesions of psoriasis, as you will see by the photographs which Dr. Haines took, and, in the short time of seven months, the disease disappeared. *Berberis aquifolium* was the first remedy that he received, and afterward, after a lapse of a month, he was given the iodide of potash in three-drop doses, three times a day. During February, or for a month, he did not seem to improve much; during the next three or four months he improved very decidedly, and from that time on there was a great change in his condition, until the final disappearance of the eruption. He came back to us in December, 1901, and then he received borax internally and ten drops of the oil of cade to the ounce of petrolatum locally.

There is no record then of any change in his condition, or of how he got along, until he reappeared on February 27, 1903. (That is unfortunately the trouble with our cases. They come to us for treatment then disappear for a long period, and then they reappear and a new record is made and a new treatment given.) He is practically getting well under the borax and the oil of cade with petrolatum, and I think that his difficulty will again disappear.

In psoriasis we have a disease which appears in people who are abominably healthy. I say "abominably healthy" because we ask them for symptoms and we do not get them. Sometimes they have itching and sometimes they do not, and the only constant symptom they have is that nothing is the matter, so it leaves you in the lurch to know what to prescribe for this disease. It appears as a flat papular lesion which very shortly becomes scaly, and this scale has a peculiar shiny or mother-of-pearl appearance; quite shiny and glistening. The scale adheres closely to the surface. If you endeavor to remove one forcibly, you find beneath it a reddened area, and here and there little pin-points of bleeding. The lesions spread at the periphery, enlarging gradually, so that they show diseased areas, such as you see on the plates which have been passed around.

At the present time I have a man under treatment who has a number of patches of psoriasis, the largest being larger than the average dinner-plate. Flexor surfaces are not so much involved as extensor. In a great many instances these patches coalesce, and then, by them healing at the centre, ring-form lesions appear, and at their junction form figure-of-eight or wavy outlines, to which the name of gyrate or figurate has been given.

There is no question about it but that there is a field that should be worked up as to the cause of psoriasis, yet the average case of the disease declines to be put through a sufficiently thorough examination so as to prove that every organ is or is not functioning properly. As far as the prognosis is concerned; every case of psoriasis should be amenable to our treatment, but even if you drive the disease away for the time, that is no guarantee that the patient will not suffer again, and, in fact, some authorities go so far as to say that if a patient once gets



psoriasis, he will be afflicted with it all his life. I have not seen enough of them die to know whether they die having it or not. So far as treatment is concerned, when it comes to internal treatment, we have to think of every homœopathic remedy that has ever been proven. Therefore, if a patient has symptoms which indicate a remedy, you may go from A to Z and get the right one, but, of course, there are certain remedies which are, *par excellence*, scale-producing; such remedies, for instance, as arsenic, borax, calcarea carbonica, sulphur and numerous others that you think of. Iodide of potash has been used by the old school, and some cases have been very much benefited by it, but I do not think it a good plan to use it as a routine treatment.

As I have already mentioned, gallacetophenone ranks high as an external application if it could be gotten. Next to that comes tar, and you can use the North Carolina tar or the oil of cade, the oil of birch or the oil of beech; any of these tars are remedies which are useful.

Chrysarobin or chrysophanic acid is a remedy which will make almost any patch of psoriasis disappear. It can be used anywhere from 10 to 30 grains to the ounce, but you must be very careful not to produce any aggravation by it. It is an undesirable medicament to employ in ordinary menstrua, as it stains the clothing and finger-nails a deep brown, and, therefore, should be used in an insoluble menstruum, such as traumaticin, liquor gutta-percha (this is rubber dissolved in chloroform), or it can be dissolved in flexile collodion; 10 to 30 grains are to be dissolved in one of these substances and painted on the patches; however, the same rule applies here as in any other form of eruption, and that is, remove the products of the disease. This can best be done by a saturated solution of salicylic acid in alcohol, which is practically a drachm to the ounce. With a pledget of cotton wet with this mixture, rub each one of the patches hard until you produce a slight bleeding, or until the outer layer of the epidermis is off, and you produce a macerated look of the patch; then apply your chrysarobin or chrysophanic acid. Pyrogallic acid is also used for painting on in the same manner; the formula is: Pyrogallic acid, 8 grains; salicylic acid, 12 grains; flexile collodion, 1 ounce; that gives us a very useful formula where the lesions are small

and not too numerous. Remove the scales, then paint this on, and repeat the procedure every few days, and a thinning of the lesions occurs very shortly.

Other remedies are recommended, but I think these three will give you all that you need to cure the average case if you will correct the patient's general health.

Psoriasis is a disease which, ordinarily, cannot be cured absolutely. One physician in particular states that he cured a number of cases of psoriasis with *calcareo carbonica* in the first six months of his practice, but I do not think there are many others of us who have been able to do that. However, you can build up the patient's health, you can take up the case the same as you would any other chronic disease, and you can gradually place the patient in a position so that, when you cause the lesions to disappear, he will be in a better condition to resist the redevelopment of the disease. A thought I want to mention here in regard to the external treatment injuring the patient's health. I have yet to see, and I have given the matter very careful attention, the first case in which the disappearance of a skin disease, where external applications have been used, has been followed by a deterioration of the patient's health; in other words, I am an absolute disbeliever in the suppression of skin diseases. If you can suppress a skin disease, you can suppress a heart disease, or a stomach disease, or a liver disease, which we all know cannot be done, and yet we have had handed down to us that the suppression of skin diseases brings about troubles that are long-lasting, that modify the patient's health the balance of his life, that modify disease so that when an acute disease attacks an individual that disease becomes chronic or leaves traces behind which are directly the result of the suppression of the skin disease. I certainly think there are various chronic diseases in which a skin disease appears as a necessary evidence of the cure of the individual. In other words, the patient comes to us with a chronic disease, and with a history that in childhood a skin disease existed; later in life symptoms of a more or less chronic character set in, and the patient comes to us a wreck. Our indicated remedies act, the patient is improved in health, and a skin disease develops. This is not an evidence of the redevelopment of a suppressed eruption, but simply that the patient is passing through a stage

in the cure during which skin symptoms manifest themselves. When I first graduated we heard many statements in this society of the redevelopment of itch by the administration of such and such a remedy, which is an utter impossibility, as scabies is the result of an invasion of the epidermis by a living mite, the *acarus scabiei*, and is not the result of a low state of the vitality of the patient.

You can go ahead with your local treatment and relieve the patient's itching and the irritation and make the eruption disappear, and your patient will be just as well, or better, than before treatment.

The next case I want to show you is one of *acne rosacea*. This man came to us on March 31, 1900, then April 4th, and once in May, and disappeared until October 21, 1901. He only visited us twice in October, and started in again during January, 1902, and then August, September and October. In January, 1903, he again applied for treatment, and then stuck to us closely, being badly broken up. He was a very sick man. He went into the hospital, and Dr. Haines and Dr. Goodno treated him. He has been tapped twice for pleurisy with effusion, and is tubercular. His skin trouble is due to alcoholism.

In *acne rosacea* we have a disease which shows itself in one of two ways. It either shows itself in the form of a greasy, cold condition of the nose, this being the pre-rosaceous stage; then the nose becomes slightly reddened, a little dilatation of the blood-vessels of the nose begins, so that the patient will see that, after being exposed to considerable cold or a high grade of heat, the nose will stay red for quite a length of time; then, later on, there will be the appearance of papular lesions on the nose, adjacent portions of the cheeks, chin and forehead above the root of the nose, possibly intermixed with some few pustules; later, there will be a still greater hypertrophy of the blood-vessels, not only of the nose, but of the adjacent parts of the cheeks; still later, the nose will enlarge, become hypertrophied, and the patient will have the appearance such as you see this man has. On the other hand, the patient may indulge periodically in alcohol; that is, over-indulge, and then there will be the sudden outbreak of quite a good crop of acne lesions of the papular and pustular type, possibly with some burning sensations. The patient will date the eruption to a



spree or a severe "bilious spell." This goes on from bad to worse, the skin reddening more and more, the blood-vessels hypertrophying, and all the tissues of the nose and near-by parts becoming inflamed and a dusky-red.

Acne rosacea has but few subjective sensations, possibly a little burning, or there will be tenseness of the lesions when they first appear; but, beyond that, subjective sensations are slight. As a reverse picture to the present case, I was anxious to show you to-night a patient, a woman, who, instead of being an alcoholic, is quite the contrary. She is very abstemious, has never tasted alcoholics, but this woman is an enormous water-drinker. She states she drinks two or three quarts of water a day, and, in consequence, suffers from a dilatation of the stomach, which is an almost constant accompaniment of these cases; so that if a man has the wine-bibber's nose, it is no proof that he is an alcoholic, but it is a proof that he has been either eating or drinking wrongly, and, therefore, becomes subject to the dilatation of the stomach which I have just mentioned.

Now this man received various remedies, and, locally, he applied sulphur in the form of what is called the *lotio alba*, the formula of which is: Zinc sulphate and potassium sulphide, 1 drachm of each to 4 ounces of water. He also used a dusting-powder of sulphur, 1 drachm in starch, 1 ounce.

The first variety of acne rosacea is an exceedingly hard one to combat; it is so insidious; the patient does not realize the change that is taking place in his or her condition until the redness is so pronounced that treatment is very slow in restoring the condition to the normal; in fact, many of these cases are never cured.

There is another excellent sulphur solution called the Kummerfeldt's solution, and it is one that should be used more frequently by physicians. Unfortunately, however, if you send the prescription to the druggist he does not put in what you call for, and it is uncertain what you get when you send your patient for it, because powdered gum tragacanth is so largely adulterated. This is made of precipitated sulphur, 2 drachms; pulverized camphor, 10 grains; powdered tragacanth, 20 grains; rose-water and lime-water, of each, 2 ounces. That makes a most excellent sulphur preparation, but it should be

made properly. The tragacanth should be dissolved in half of the lime-water and rose-water; the precipitated sulphur rubbed up with it; then the balance of the liquids added, and the camphor last (of course the gum-camphor cannot be mixed with water; it must be dissolved in a few drops of alcohol); and if you make this solution up yourself, and know what you have, you will get good results. I never think of using the powdered tragacanth, but use the gum as it comes in shaving-like masses. It will take a long while to make it, but, at the same time, you will have a sulphur preparation which is one of the finest in *acne rosacea*.

Dietetic errors often being at the base of the disease, of course it is necessary for us to look to the diet of the patient. Give him foods of a concentrated character, and as free as possible from waste; cut down the water-drinking to a great extent. If the patient is an alcoholic, tell him to stop drinking (he will not, however), and give him whatever internal remedy may be indicated. If you can control the patients, so that they do obey orders, then you have a chance to help them. Such remedies as *nux*, *agaricus*, *hyoscyamus* and all other remedies for alcoholism are useful. If dietetic errors are at the bottom of the difficulty, then you think of *bryonia*, *nux vomica*, *dioscorea* and all other stomachics (not used in the sense that old school use it), but indicated by their appropriate symptoms. If due to menstrual derangements, then *sepia*, *pulsatilla*, *helonias*, etc. In fact, you have the whole *materia medica* to select from.

Hot-bathing is of importance. Hot-water bathing, so as to increase the hypertrophy, and then have the reaction decrease it. If your patient has quite a red face, and wishes to appear at a function at night, let her, during the day, bathe it with hot water, and by night the capillaries will contract from the reaction which occurs, and her face will look fairly well. If *acne* lesions fill with pus, incise them. Apply any of the applications that are useful after opening *acne* pustules, such as pure *ichthyol*, bichloride of mercury, 1 grain to the ounce of alcohol, etc.

Next I want to show you a man who has an *eczema* which is disappearing very nicely under treatment, but more especially for the sake of the *xanthoma* which he has. When he

came to us, which was in April of this year, he stated that since about a year ago, in the regions of the flexures of the elbows and the outer side of the right thigh and leg, he had a vesico-crusty eczema; there was a great deal of itching, worse at night. In addition to the eczema he has, below the inner end of the right eyelid, a little yellowish patch of xanthoma, which is very small as yet. When he came to us the eruption was very red and very much more irritated than you now see it. It was on the outer side of the elbows rather than in the flexures. He has done exceedingly well under sulphur, internally, but little of the eruption being left. Externally, calamine ointment was applied.

This case I bring before you, as I said, to show you the eczema and also the xanthoma, and to call your attention to the fact that here we have a case in which an eczema existed for one year without amelioration, and in less than a month we have the disease thoroughly under control. Now, eczema is proverbially a hard disease to rid the patient of. The more active and aggravated the eczema, the milder should be the local treatment, and in the calamine ointment we have one of the mildest ointments. Lotions possibly are milder than ointments, as they are ordinarily made, and we can use a saturated solution of boric acid, or we can use a calamine lotion, the *lotio nigra*, liquor carbonis detergens (an alkaline solution of coal-tar) a drachm to 2 to 4 ounces of water; or the bicarbonate of soda or carbonate of potassium. Next come the oily solutions of anti-pruritic or healing medicaments. Calamine ointment possibly stands at the head of those that are soothing. Boric acid comes next. Salicylic acid is useful for relieving itching. All these are mild applications. Calamine ointment is made up of powdered calamine, 2 scruples; zinc oxide,  $\frac{1}{2}$  drachm; spirits of camphor, 20 drops; and petrolatum or cold cream, 1 ounce.

Calamine lotion in full strength is the same as the preceding formula, except that the camphor is omitted, and 15 drops of glycerin added, and rose-water takes the place of petrolatum. Of course, if you wish to modify it, you can add camphor to relieve the itching, and you can reduce its strength by increasing the quantity of the rose-water. I want to give one caution in regard to the use of calamine lotion. There is quite a heavy



sediment if made, as I have given it here, so that it needs to be washed off frequently. The same is the case if you use it in milder strength. The patient's skin must be washed, and the sediment washed off at stated intervals, so as not to cause the tenseness of the skin which is bound to come when you put a dry, hard substance on the surface, and by that means bring about a hyperæmia.

Now, in regard to the treatment of eczema, mild soothing applications are to be used when the disease is acute; stimulating applications when the disease is chronic. There are very few cases which will allow you to treat them unless you relieve the itching. The majority of skin patients with annoying subjective sensations demand that the itching be taken away; however, you can as readily remove the cough from a case of pneumonia and still treat the case right, as you can remove the itching completely in a case of eczema. You can relieve it temporarily, so that in each twenty-four hours after the patient comes under your care, he will be more free from severe itching than he would be if left untreated, but it will be impossible to completely remove it during the whole twenty-four hours. If you get a case of eczema in which the subjective sensations are exceedingly severe, there is nothing for you to do but explain to the patient exactly what you expect to do, and what can be done; say "I am going to give you power to stand this itching until the disease disappears;" or, at least, until it has disappeared so far that it will no longer produce the intolerable itching and burning from which the patient suffers.

Regulation of the apparel is an important part of the treatment; for instance, where a patient's clothing presses too closely, or where a certain part is covered with more clothing than is necessary. There you will also need to be a little careful in the applications you use. An application that you can use on the face or hands can be used in at least double the strength than in other localities where folds of skin overlap each other. Oozing of the eruption should be combatted by dusting-powders, which absorb the exudation, as it is thrown upon the surface. These dusting-powders should be removed, from time to time, if the patient can stand water; cleansing by means of oily applications if he cannot, but every locality should be cleaned of the dusting-powders at least twice a day.

At times, medicated dusting-powders answer the purpose better than unmedicated ones, and you can make your powder up of subgallate of bismuth, 10 to 20 grains; you can use lycopodium if that remedy is indicated, internally (then the old-style baby powder comes in very nicely). You can use a little powdered camphor or morphia or cocaine, if you wish to produce a sedative effect. All these things can be added to the dusting-powder where the oozing is free. If you have an old case, then you want rather stronger ointment. Now, an ointment that can be used not only for the acute variety, but is also useful in the old chronic varieties, is Lassar paste, and it is made of equal parts of powdered starch and zinc oxide, and then petrolatum, equal in weight to the other two. Lassar paste ought to be known by everybody. The formula is: *R.* Pulvis amyli, zinci oxidi, āā, 2 drachms; petrolati, 4 drachms. One of our homœopathic books makes the statement that this is a very useful paste, because it is practically impervious to water, and, therefore, valuable to use in certain conditions. Now, just the reverse is the case; there is no finer local application for letting the oozing go through it, and that is why Lassar made it that way. In other words, you can encase a whole limb in it if you wish, cover it with absorbent cotton, and the discharge from the eruption will pass right through the ointment; therefore, it answers very nicely as a cooling application in acute cases, and it answers for the old chronic eczematous patches. Salicylic acid can be added to it with profit.

Now, in xanthoma we have a disease which formerly was considered to be due to some liver disease. We know that xanthoma appears after jaundice and some other liver diseases, at times, but no relationship has been proven between the liver disease and xanthoma.

I have at the present time a woman in the tertiary stage of syphilis who has, in the last five years, developed marked xanthoma on both eyelids. The average patient is usually healthy. You would not pick out the patient as being sick when you look at a number of people among whom this particular one is. It starts as a peculiar yellow spot, not much harder than the surrounding skin, embedded in the skin, and described by the books as a wash-leather or chamois-like object set into the

skin. The epidermis above it is always normal, so that you can see the yellow shining through. It appears on the inner end of the upper eyelids most frequently. In this case we have it decidedly below the left lower lid. Xanthoma appears possibly more frequently in women than in men, rather beyond forty-five than this side of forty-five. It runs a long course, does not seem to interfere in any way with the function of the eyelid, and does not produce any harm other than deformity, although there are varieties which do produce a very great deformity from the size of the lesions, but, as a rule, these lesions which produce deformity are located on other parts of the body than on the eyelids, and in that case we have generalized xanthoma. In generalized xanthoma we have the elbows and knees the parts most affected. The lesions are redder than when it appears on the eyelids, but it does not take very long before the characteristic chamois- or wash-leather appearance shows itself there, just as it does upon the eyelids. Nodules or tumors occur in the generalized variety, and they have a tendency to spontaneous involution after a variable time. There are no subjective sensations; the patient would not know the difficulty was there if she did not look in the mirror. The disease is comparatively easy of removal if the patient will submit to treatment. It can be removed by caustic—of course, with the risk of scarring and disfigurement, and the consequences of contraction in the neighborhood of the eyes. It can certainly be removed by electrolysis if the patient is willing to give the time to it. The negative pole of a galvanic battery is represented by a fine-pointed needle; the positive pole is applied at some indifferent locality, and a current of a few milliamperes turned on. This produces a little bubbling where the needle is inserted, and a swelling of the xanthomatous area, which later disappears. A number of punctures are made at the one sitting without producing any ulceration, and always without scar. Where xanthoma is present in the generalized variety it had better be left alone.

It is advisable to use just as few local applications in practice as possible. I do not mean as few in regard to the number of patients you have, but limit the number of lotions you use and know the action of each when you use it; do not get worried when a patient demands things of you that



are impossible. If there is any one thing to be impressed upon the mind of a physician it is this: that it is absolutely wrong to change the remedy before the indications change, and that is a rule to which we all subscribe but do not follow. When a patient comes in with, "I would like to know what you are going to do for me to-day, I am worse than I was yesterday," immediately you will be apt to change your remedy. One of our homœopathic books goes so far as to recommend a proprietary ointment as a base for incorporating other remedies, which course I consider a great bar to progress in the knowledge of the treatment of skin diseases. You must know the effect of every remedy you use. At first, you should not combine them in exactly the strength recommended by the text-books, but use them in mild strength, and then increase them as you learn the ability of the patient to tolerate them. A cure never occurs from external applications alone, so that, after all, it is in the treatment of skin diseases as in the treatment of all other diseases; there is but one thing to guide us, and that is the condition of the patient; there is but one way of finding out the remedy necessary for the patient, and that is the homœopathic law; there is but one way of treating that patient, and that is by the single remedy; and there is only one thing for you to go by, and that is the patient's symptoms. If we will adhere to this thought in our practice, there is no doubt better results will follow our treatment.

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## RÉSUMÉ OF DRUG-PROVING.

BY E. H. WOLCOTT, M.D., ROCHESTER, N. Y.

(Remarks Made at the Annual Banquet of the Western New York Hom. Medical Society.)

*Mr. Toastmaster, Members of the Society, Ladies and Gentlemen :*

It is a pleasure to announce in this presence that the Rochester Proving Club has completed four separate test-provings with the same drug during the past winter. In regard to the first of these, report was made upon an occasion similar to that of this evening. The results of the second and third have been presented to the Monroe County Homœopathic Medical So-

ciety, under whose auspices we are acting. Yet some general considerations of these tests, in connection with our fourth and last experiment, may be interesting and profitable at this time.

The very desirable prover, an excellent young man, who made the first and second tests, was sent to us by Dr. Winans, while to Dr. Ricker we are indebted for the discovery of two noble young women who were willing to "sacrifice their lives upon the altar of science," and this not entirely from mercenary motives, either.

In a general summary of these tests we find much that is at once interesting and instructive. In the first place, we are curious to know how so voluminous a symptomatology was secured by the earlier provers with such minute doses of the drug, many records having been made not only with the lower but also with the higher dilutions, while in our experience the tincture was always employed, beginning with appreciable doses, ranging from 15 to 30, 50 and 90 drops a day, and gradually increasing, with the first prover, from 15 to 60 drops a day, and to 150 drops a day in the three following experiments. Even with this latter amount of the drug there was no special effect upon the nervous and vascular systems, in which spheres the drug might be expected to act, except in the case of one prover, who complained of "being awakened about the middle of the night with severe backache in the lower part of the back, very dizzy, spasmodic contractions of the whole body, loss of sleep, and, when she did sleep, was restless and talkative. She sat up in bed two or three times and rubbed head fiercely, but unconsciously. She was quite hysterical, and never had had a similar experience." (These symptoms were observed by her husband.) The drug was then discontinued altogether, as it was evident that its full effect upon the nervous and circulatory systems could not be produced without the administration of a poisonous dose. It was noticed, however, that in the first prover (the college man) many important symptoms were developed with quite small doses of the tincture, this being doubtless due to individual susceptibility, while with the women provers it was necessary to increase the dose rapidly in order to obtain a continuous picture of the drug-action, as the women apparently became accustomed to its influence much more quickly than the man did.

One of the women provers, a domestic, was so invigorated by physical exercise and congenial employment in going from office to office in the open air, and so completely removed from her environment, that we found it necessary to increase the drug rapidly, and believe it required at least twice the quantity to produce the same effect under these circumstances that it would have done could the experiment have been conducted with her in her normal condition and usual employment.

In the first proving we obtained a large number of important subjective symptoms, some of which are well known and characteristic of the drug. There were numerous pains all over the body, while the symptoms of the throat and chest were especially valuable and important. In the second or supplementary test, made by the same prover, the symptoms were practically the same, only more severe and pronounced, owing to the larger amount of the drug taken.

In the third case we obtained an accurate and valuable proving upon the eye; some important observations were made as the result of careful urinalysis, and in several other respects the test was quite satisfactory.

The fourth proving was interesting and instructive, especially as it corroborated the throat- and chest-symptoms obtained in the first proving, and the eye-symptoms of the third proving. Generally speaking, it was the most gratifying of the tests made by the club.

With the exception of the last prover, it was remarkable how quickly all symptoms disappeared immediately upon the cessation of the drug.

In our investigations we have not attempted a classification of the effects noted into primary, secondary, chemical, mechanical, dynamic, generic or specific symptoms, being perfectly willing to allow such observations to be made, and theories to be formulated by more astute observers. Moreover, there is doubt in our minds whether such classification of symptoms in drug-proving is feasible under any circumstances, or of special practical value in the homœopathic treatment of disease. We have observed the rule, however, of the earlier provers, by beginning with small doses—but not with high dilutions or potencies, as was often their custom—and gradually increasing the quantity of the drug until unmistakable symptoms appeared. From our previous knowledge of the drug, we are willing to



admit that in our four tests combined, we have not developed the so-called totality of symptoms peculiar to this drug, though we do claim that the results obtained are pure provings and practically free from error, and when co-ordinated with the experiments of others will be, we trust, of no slight value. However this may be, we possess the satisfaction of having been engaged in original investigation, and not simply in revising and rearranging the labors of others, as has been too often the case during recent years in the publication of new works upon therapeutics. We have tried in an humble way to do our part in the construction of a new materia medica, which will rest eventually upon a sounder, more scientific and practical basis than the one we now employ. Without detracting in the least from the value of drug-proving, it is doubtless true that there are not many members of the club who would exchange their knowledge of the drug, gained with previous provings and supplemented by personal clinical experience, for what we have learned in our recent investigations. All of us are familiar with many symptoms and diseased conditions for which this drug has undoubted curative value that have not been brought out by these provings. And this position is in harmony with the ideas of most homœopathic physicians, who believe that even the best provings must be supplemented by individual clinical experience. Many of our drugs have such an infinite variety of symptoms, and are so comprehensive in their action, that the complete symptomatology of a drug cannot be developed by a limited number of provers. It follows, then, that much of value and importance in drug-action will be discovered necessarily by the careful observer in his daily ministrations upon the sick. With drug-proving as a basis of our knowledge, each medical practitioner must construct a materia medica for himself and work out his own destiny. The result will be that his personal experience will become a more important factor in the measure of his ability and usefulness as a physician.

In these days when the surgeon claims everything in sight (and out of sight, for that matter), it behooves the medical man to lead a life of strenuous activity in advancing the science of therapeutics, and not to allow the accumulated knowledge of the world, regarding the usefulness of drugs in the treatment of

disease, to be set aside for scientific fads and other methods utterly unscientific, but, from their novelty and extravagant claims in their behalf, wonderfully seductive. With the proving of drugs upon the healthy organism, we have an unerring principle to guide our study, and such experimentation, seconded by clinical experience, should be sufficient to keep *materia medica* in the vanguard of medical science.

The Rochester Proving Club is indebted to the profession, and especially to the Monroe County Homœopathic Medical Society, for cordial support and financial assistance to carry forward this work. To Dr. H. P. Bellows, of Boston, the Director-General of drug-proving of the American Institute of Homœopathy, our guest of honor this evening, we are profoundly grateful for the personal sacrifice he has made to meet with us upon this occasion, and we extend to him our hearty and united support in the effort he is putting forth to carry forward this great work.

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CANNABIS SATIVA.—In some cases of gonorrhœa it seems best to rely upon cannabis sativa from the beginning or after an earlier prescription of such remedies as acon. or gels. The indications are so clear that there is but little excuse for the empirical administration of such a remedy as cannabis. The principal complaints of the patient refer to the discomfort that is caused by the *soreness and sensitiveness of the urethra and penis*. He cannot press upon the urethra, he cannot walk with any comfort, the seams of his trousers impinge unpleasantly upon the genitals. His testicles drag, and are so painful that they need the support of a suspensory. The entire length of the urethra burns like fire between the acts of micturition. There is lacking the intense tenesmus of cantharides, but after urination the urethral burning is intense. The prepuce becomes dark-red and is swollen. There may be phimosis or paraphimosis. Very generally there are painful erections. Very probably the discharge, accompanying such symptoms, will be purulent. A very useful symptom in a differentiation will be the peculiar spasmodic stoppage or shutting off of the flow of urine during micturition, followed by intense pain and smarting. Those who have used the sixth dilution of cannabis in such conditions will hardly care to exchange that useful preparation for the rather uncertain mother-tincture. It is not difficult to decide between this remedy and cantharides, nor between it and the very useful copaiva. The latter drug, suiting the case in which the discharge has increased, has become distinctly yellow, and in which there is simply frequent necessity to pass urine. The urine flowing in a feeble stream, with moderate dysuria only, but, later on, marked throbbing pain in the whole penis. The mother-tincture of copaiva, upon discs, is a very satisfactory medicine. It seems necessary to administer the remedies mentioned at frequent intervals if we are to get their best effects in gonorrhœa.

## EDITORIAL.

## THE LEGAL LIMITATIONS OF MEDICAL PRACTICE.

IN the Ray bill which was introduced in the Pennsylvania Legislature for the purpose of giving the elevation of the standard of medical education another legislative boost, but which after passing the House was shelved in the Senate, there occurred the requirement that the adherents of the several schools should practice only according to the tenets of their respective schools, allopaths only allopathically, and homœopaths only homœopathically.

Not having the text of the bill before us we cannot say whether this was to apply to physicians already in practice, or, as is more probable, only to those who should in the future be licensed to practice according to the act. It makes no difference; the principle is the same.

Although the bill has been lost the occurrence of such a proviso is an emphatic warning of a danger which we long ago pointed out. When the Legislature, at the instigation of supposedly well-meaning but short-sighted enthusiasts on the subject of the elevation of the standard of medical education, began to tamper with the subject of medical practice, ostensibly in the interest of the poor deluded public, we strenuously urged that so soon as it was acknowledged that the State was called upon to regulate the practice of medicine a far-reaching principle was set up which logically would be made to legitimize the most oppressive forms of interference with the rights of the individual. We saw then, as we see now, even in the establishment of Boards of Medical Examiners, a movement at variance with the spirit of American institutions. There is no doubt that the standard has been raised and that good has been accomplished, but the end does not sanctify the means. If the judicial finding in the late case of the Northern Securities Company is good law, viz., that acts which may have been



intended to produce beneficial results become unlawful if they are capable of being diverted to unlawful ends, then surely legislation which interferes with constitutional rights, no matter how well intended, is unconstitutional.

But, apart from this view of the case, let us examine into this feature of the proposed Ray bill, from the standpoint so often adopted by individual members of both schools. We do not know the origin of this particular enactment; some say it was the work of the allopaths, while others ascribe it to the ultra-homœopaths. The latter view, though hardly probable, will not seem impossible if we remember that early in the history of the Christian church there was a sect which endeavored to rescue from deserved odium the reputation of Judas, by maintaining that he had the best of intentions in betraying Christ, hoping thereby to compel Him to prove His Messiahship to the world. As we know, when the misguided Judas found that he had not rightly comprehended the spiritual nature of Christ's kingdom, and had wrought only evil, he went out and hanged himself.

When it is said that the homœopaths should practice only homœopathy, and the allopaths allopathy, what is meant?

1. Has it reference to the drugs to be employed? Consult our materia medica, together with the various fragmentary additions up to the present time, and we will find that but very few of the respectable drugs (we use the term advisedly), employed by the allopaths are wanting.

Turn, on the other hand, to the pharmacopœias of the old school, but more especially to the current clinical reports of its more advanced and liberal adherents, and we will be struck with the appearance of the names of drugs, hitherto thought peculiar to our own school, *e.g.*, puls., bry., rhus and others.

2. Does it refer to the size of the dose? We all know that Hahnemann used all sizes from the tincture up to the 30th potency, as it was called. His later leaning to the smaller dose we can only regard as a personal preference and not essential to homœopathy, as such, since this only demands that the dose used shall be sufficient to accomplish the result without aggravation. The size of this dose cannot be determined *à priori*, but will, if the homœopathic principle of individualization means anything, be varied according to the character of the

drug, the complex of the symptoms, and the peculiarity of each patient. Hence we cannot speak rationally of a homœopathic dose of a drug as of any fixed determinate size.

On the other hand, in the allopathic school, where the principle has hitherto been to give as large a dose as the patient can with safety *quoad vitam*, be made to take, we find many voices raised in behalf of smaller doses. Many are finding out, and are not slow in heralding it as a new discovery that, when they have stumbled upon the right remedy, it takes but a very small dose of it to effect a cure. In no case, however, could you find anyone willing to define an allopathic dose. Even here the dose must be determined by the nature of the drug, the severity of the symptoms, and the tolerance of the patient.

3. Does it refer to the principle or law according to which drugs are to be applied? We have in our *similia similibus curantur* the guiding principle in the selection of the remedy, but, here again, we find that at the present time it is not the only guide, nor was it, indeed, even to Hahnemann. If his views on the different constitutions, underlying symptoms, and on their successful treatment have any significance, they surely point to the fact that the external manifest symptoms are not alone to be taken into consideration in selecting the remedy. These symptoms can afterward be "read into" the pathogenesis of the remedy, but that is neither fair nor scientific. We have learned that the similarity which indicates the remedy must cover the pathology as well as the semeiology, and further, that even with both indications combined there are cases in which palliation and not cure is all we can hope for, and that by other means. Thus, while holding fast on the first, the surest, and the safest guide to our principle, we do not feel that we are debarred as physicians from using any and every means for the good of our patients. When this fails us, form limitations either in ourselves or in the application of our system.

While the allopaths as a body are led alone by empiricism, and while many deny the possibility of a general therapeutic law, there are not wanting many who are beginning to employ some drugs according to indications which have been considered as being exclusively homœopathic,—*e.g.*, ipecac for vomiting, etc. More and more do we detect in their current litera-

ture references to particular indications in diagnosing the remedy to be employed; and while these may not, in all cases, be similar to those by which we are guided, in many they approach very nearly to them, only receiving more scientific names as befitting their exclusive rational origin. In time the little leaven will leaven the whole loaf, and we will hear of some learned paraphrase of our concise S. S. C. set up as a very general, if not universal, therapeutic guide.

We think these considerations show that there is going on a process of osmosis between the two schools, through scientific liberality, which will eventually result in a new product in which all that is true and best in each will be found, and from which all the impurities and dross dependent upon ignorance, bigotry and intolerance will have been eliminated.

But such legislation as was threatened, and which may again be urged, is calculated to disturb such process and to render its consummation, however devoutly to be wished for, impossible. It would emphasize and petrify on our statute-books all the present differences and selfish animosities inseparable from a stage of evolutionary transition; it would brand all alike with the stamp of sectarianism; it would put a legally insuperable obstacle in the way of all therapeutic investigation and progress; and, having these bad results, though well meant, would, if successful, be an illegal law.

W. H. B.

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#### QUACKERY IN HIGH CIRCLES.

So long as institutions presumably of high character resort to questionable methods to increase their patronage, we must expect individuals of ordinary station to follow the example so badly given them. There is just as much quackery in the profession as out of it is a common saying, and we believe it.

These remarks are prompted by two things:

First, there is an eminent surgeon who succeeds in having a large number of his prominent operations recorded in the daily papers. This is done with such regularity that we can hardly regard it as accidental.

Secondly, a circular recently received from a college is



couched in language such as we are accustomed to find in the emanations of the advertising bureaus of numerous quack-medicine companies.

For example, we read :

“The applications are practically painless, and the final cosmetic result better than that obtained from any previous method of treatment.”

“The X-Rays have also been shown to exert a most remarkable influence upon certain cutaneous affections and even more deeply-seated diseases. Apparently permanent cures of cases of epithelioma (cancer of the skin), leg ulcers, lupus vulgaris, lupus erythematosus, obstinate sycosis, eczema, etc., have been reported by reliable observers.

“At the present time neither the possibilities nor the limitations of photo-therapy are known, but the results in many inveterate and long-standing skin diseases have been so encouraging as to suggest a trial of this treatment in suitably selected cases.

“The —— is willing to treat without charge a limited number of appropriate and deserving cases; for those who are able to pay, a moderate charge will be made for the treatments. The Professor of Diseases of the Skin will examine each patient and determine the character of the treatment to be employed. When desired, patients will be referred, from time to time, to the physicians by whom they have been sent. New patients should apply at 12.30 p. m. on Mondays, Wednesdays and Fridays.”

And so it goes. We believe that people who can pay should never be given dispensary privileges. Physicians who, under the mistaken notion that they are doing a kindness to their patients by referring the latter to a dispensary or hospital for treatment, are aiding in the pauperization of the community, unless it should happen that said patients are unable to pay. Many persons are so lacking in self-respect that, having once received medical aid free of charge, develop an untold hunger for more of the same. The sooner such are discouraged by institutions and the profession at large, the better.

## LEGAL CONTROL OF ANCIENT MEDICAL PRACTICE.

A RECENT translation of the stele of Hammurabi, discovered several years ago by M. de Morgan in the excavations at ancient Susa, furnishes us with the "oldest collection of public laws that has yet been discovered. It is a reflection of the social conditions existing in Babylonia 4000 years ago."\* This code of laws was engraved 2250 years B.C. As paragraphs in the translation, there are 282 of them. Many are of extreme interest; here are a few relating to the practice of medicine and surgery:

"If a doctor performs an operation upon a patient (free-born), and thereby cures the patient, or if he opens a tumor of the eye by an operation with a knife and the eye is saved thereby, the doctor is to receive ten shekels of money for his services."

"If the patient is a freedman, the doctor shall receive five shekels."

"If the patient is anyone's slave, the owner is to give the doctor two shekels."

"If a surgeon makes a severe wound with the operating-knife on a patient, and the patient dies, or opens a tumor of the eye on anyone, and the eye is lost, the surgeon shall have his hands chopped off."

"If a surgeon performs a serious operation on the slave of a freedman with an operating-knife, and kills the slave, he shall give the owner a slave in the deceased one's stead."

"If the surgeon has opened a tumor of the eye of a slave with an operating-knife, and the eye is destroyed, the surgeon is to pay half the price (value) of the slave to the owner."

"If a doctor heals the broken bone of anyone, or diseased soft parts, the sick one is to give the doctor five shekels."

"If he be a freedman, he is to give the doctor three shekels."

"If he be a slave, his owner is to pay the doctor two shekels."

"If a doctor of beeves and asses (veterinary) makes a severe

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\* Excerpt from *Records of the Past*, March, 1903.

wound on a beef or ass and heals the animal, its owner is to give the doctor one-sixth of a shekel."

"If he does a severe operation on a beef or an ass and kill it, he is to give its owner one-quarter of its value."

#### ON THE CULTIVATION OF OUR YOUNG MEN.

To cultivate anything is to make it grow, to assist it to grow and to develop, as well as to shield it from all outside influences of a deleterious nature. By the time this goes into type, we shall have a great many new doctors in the profession. We sometimes wonder whether the profession really awakens to a full appreciation of what happens, every time a class of one hundred new medicos is turned loose in their midst. Why, it's a veritable saline infusion for the medical world. If it were not for this yearly stimulus of new blood, of bright minds, of enthusiastic workers, the profession would soon stagnate and die like a faded flower. And, mark our words, the time will come when we shall appreciate this yearly crop of fresh goods. When we shall utilize it to better advantage; both to the young men themselves, and to our own selves. Some day our National Medical Organization will have appointed a standing committee, whose duty it shall be to give substantial aid and assistance to those new doctors who need advice and assistance. It will be the privilege of this committee to point out to the young men the fields and locations where homœopathic physicians are most needed, and where the embryo doctor can do the most for himself and his beloved profession. Everybody gives advice to the medical *student*. Whenever a student comes around, we always hang out the sign: "Advice Free." But, when he has grown into a full-fledged doctor, over night, and really needs advice, and comes for it, he finds that we have taken in that sign and hung out another, which reads too often, "Standing Room Only—Move On." There are many available fields that still remain open for the new doctor. If our Medical Organizations will take up this matter seriously, much of the unfortunate congestion, that is noticeable in some localities, might be avoided. The medical student does not need advice and assistance half so badly as does the new doctor.



## THE NEED OF MORE MEDICAL CLUBS.

IN looking over the *Transactions* of The Pennsylvania State Society, we noticed that outside of Philadelphia and its environs there are but a dozen medical clubs or societies in existence in this large State of ours. This is a sad state of affairs. Every locality, in which there are located three or four or more homœopathic physicians, should have its club or society. The smaller the membership, beyond that necessary for complete organization, the better the results. At least this seems to be the case in many instances. So that scarcity in numbers should be no drawback in the way of starting a medical club. A doctor, without the expanding and broadening influence of the medical club or society, is apt to dry up into a crabbed old fossil. It is not necessary that frequent meetings shall be held at inconvenient times and places. A monthly meeting at the homes of the members engenders a fraternal affection that, in itself, amply repays for the trouble. Then there is nothing that so stimulates mental growth as the friction of wits, the communion of minds that have common interests. "If we would drive selfishness out of our heart, we must enter into communion with our fellow-men." We never find out what thoroughly good fellows our colleagues are until we become banded together with them in a medical club. Get together! That's the sort of amalgamation that will pay.

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DIGITALIS IN SUPPRESSION OF URINE.—The sudden suppression of urine, which occurs in young persons after scarlatina, or from simple exposure to cold and damp, is doubtless to be looked upon as part of a catarrhal inflammation of the uriniferous tubes, which requires little more than a few days' rest in bed, with almost a certainty that the urinary secretion will reappear. In this simple form the catarrhal inflammation scarcely needs the use of a diuretic; but, if danger should threaten, digitalis is still far preferable to any other drug. It is a different matter when, in the course of a chronic Bright's disease, in which many of the other organs have probably become impaired, a sudden suppression, induced by cold or any other cause, takes place. Here it is clearly advisable to resort to direct measures for the restoration of the urinary secretion, and digitalis is again one of the best agents for the purpose.—M. E. Douglass, M. D., in *American Phys.*

## GLEANINGS.

**AMBLYOPIA AND AMAUROSIS FROM ELECTRIC DISCHARGES.**—Panaz, of Paris, reports the case of a young man 26 years of age who was exposed, at a distance of one-half of a meter, to an electric discharge of five hundred and sixty volts. The exposure resulted in superficial burns of the face, intense dazzling of vision and marked photophobia. During the following fifteen days the burns healed, but periorbital pains developed. On returning to work he found that his vision was so reduced that he was unable to continue. Twelve days after the accident he consulted the author, when it was found that the vision of the right eye was reduced to one-sixth, and that of the left eye to one-fourth, of normal. There were also retinal hyperæmia, contraction of the upper field of vision and relative hemeralopia.

Mercurial ointment to the temples, strychnine internally, and colored glasses were prescribed. Two months later cure was almost complete.

He tells us that among the symptoms reported by other writers, as the result of similar exposures, are corneal haze, myosis, paresis of the right internal rectus muscle, paralysis of accommodation, iridocyclitis, partial optic-nerve atrophy, bilateral cataract, intraocular hæmorrhages and retinal detachment. In some cases hysterical amblyopia has been noted. The variability of the symptoms depends, he says, upon the intensity of the electric discharge, as well as upon the degree of impressionability of the subject; the latter element being quite prominent, and explanatory why such accidents are particularly frequent in those who are predisposed to hysteria.—*Archives d' Ophthalmologie*.

William Spencer, M.D.

**THE PROGNOSTIC VALUE OF THE DIAZO-REACTION IN PULMONARY TUBERCULOSIS.**—(Wood.)—Ehrlich has called attention to this relationship in 1883, in that a strong and continuous reaction was a grave prognostic sign. The deductions from the above article are:

1. If the urine of a case of pulmonary tuberculosis shows no diazo-reaction, and a kidney lesion can be excluded, the prognosis is favorable. Only 10 per cent. of the moderately severe cases here recorded gave a reaction, and in a number of these the reaction disappeared on treatment. Early cases not ill enough to apply for hospital treatment do not give the diazo-reaction.

2. If the urine of a case of pulmonary tuberculosis shows an occasional diazo-reaction, the prognosis is not necessarily grave, as only some 66 per cent. of the patients showing a positive reaction died.

3. If the urine of a case of pulmonary tuberculosis shows a continuous strong diazo-reaction, the prognosis is very grave, since a large proportion of such cases die within six months.

4. The presence of a diazo-reaction on the first examination of a patient should not debar the case from a thorough trial of climatic treatment in a proper sanitarium.—*Medical News*, April 4, 1903.

William F. Baker, A.M., M.D.

CYCLIC VOMITING IN CHILDREN.—(Ely.)—The writer outlines this condition to be an excessive, severe, protracted vomiting attack, in which nothing can be retained by the stomach. Thirst is also excessive and quite distressing. The attack seems to be independent of either diet or indigestion. As a rule, there is an associated fever of low type. Abdomen normal in appearance and few symptoms pertaining thereto. Constipation may or may not be present. As to the urine, it is loaded with amorphous urates and uric-acid crystals, altogether out of proportion to the amount of fever and other symptoms. In summing up he makes a few suggestions: (1) This gastric neurosis should be carefully watched and differentiated from bilious vomiting, the vomiting of kidney disease, reflex vomiting and the vomiting of organic brain disease. (2) In gouty or neurotic children, there is a possible blood toxin analogous to uric acid causing the vomiting. (3) Injections of morphine and atropine, together with high saline enema, should not be forgotten.—*Journal of American Medical Association*, March 28, 1903.

William F. Baker, A.M., M.D.

JAUNDICE, WITH REPORTS OF INTERESTING, ILLUSTRATIVE CASES—A CONTRIBUTION TO THE TOXIC FORMS OF THIS CONDITION.—(Anders.)—The writer starts out by objecting to the classification of jaundice into obstructive and non-obstructive varieties, for several possible causes may exist in a given case of jaundice, and it is often difficult to discover which of these is the active factor in the condition. In speaking of the so-called "toxic jaundice," he says it is sometimes impracticable to distinguish clinically between instances of toxæmic origin and those due to obvious obstruction. In the course of numerous affections that are accompanied by a profound toxæmia, jaundice may be observed also from such poisons as ether, chloroform, etc.

As to the origin of these cases, he says that some tend to support in main the theory of Frerichs, that in many instances of toxic jaundice an excessive amount of bile-pigment is secreted, with subsequent reabsorption. There is, also, in such cases, temporary obstruction in the fine biliary canals, as the result of increased mucosity of bile or an inflamed vessel-wall; hence reabsorption from the liver occurs.

In conclusion, the writer says: "While the cases reported do not furnish a basis for definite, conclusive inferences, they suggest a few queries and propositions."

1. Is there a true polycholia, due to the conversion into bile-pigment of the hæmaglobin, that is suddenly liberated by certain poisons, as ether, chloroform and the like, or the toxins of acute infections, as, for example, lobar pneumonia?

2. As there could be no jaundice without the presence of the liver, the term "hæmatogenous" is misleading, and should be regarded as obsolete; the term "toxæmic jaundice" may be, however, applied to the cases of hepatogenous icterus, in which the blood-changes are a more or less striking pathological feature.

3. May not the jaundice seen in secondary syphilis be toxic in nature, rather than purely hepatogenous.

4. Admitting that there are well-established causes for the hepatic cirrhosis, more particularly of the atrophic form, the etiology is but imperfectly understood.



5. Clear evidence, to show that hepatic cirrhoses are in many cases of microbic origin, is accumulating.

6. The intercurrent acute inflammatory conditions, with jaundice in the course of cirrhosis of the liver, are, doubtless, micro-organismal in nature.

7. Relapsing febrile jaundice is also to be classified as an infection; it will be probably shown on further investigation to be due to a member of the colon group.

8. It is probable the jaundice of hepatic cirrhosis is, in a certain sense at least, toxic in nature.—*The American Journal of the Medical Sciences*, April, 1903.

William F. Baker, A.M., M.D.

**SUDDEN DEATH IN AN INFANT SIX MONTHS OLD. DUE TO COMPRESSION OF THE LARGE BLOOD-VESSELS BY AN ENLARGED THYMUS GLAND.**—Dr. Caillé, New York, reports the case of an infant 6 months old that, during life, occasionally gave evidence of a slight degree of cyanosis and spells of labored breathing. On two occasions there were convulsive seizures. The valve-sounds were clear and distinct, but a loud systolic murmur at the base of the heart was constantly present. The murmur was not transmitted. The infant died suddenly, and the autopsy revealed a thymus two inches long and one inch broad, its lower pole compressing the large vessels effectually.

Dr. Jacobi, in discussing the case, stated that but a few have been reported since Kopp reported his first case of thymic asthma, nearly a hundred years ago. He said that, with a large thymus gland present, it required but a slight degree of acute congestion to so increase the compression on the trachea and great blood-vessels as to cause sudden death. He related a case operated by Koenig, the gland being drawn forward and part excised, with life-saving results.

Jacobi believes a diagnosis is not only possible, but can be made positively if we percuss over the manubrium sternum, when the infant is supported face downward and we percuss from below. When the infant lies on its back, the thymus is drawn away from the sternum, and it can, therefore, not be detected.—*Archives of Pediatrics*, March, 1903.

C. Sigmund Rauc, M.D.

**THE TREATMENT OF CIRCULATORY FAILURE IN ACUTE INFECTIOUS DISEASES.**—Infusion of saline solution has an immediate effect in shock and hæmorrhage; hypodermoclysis does not improve the circulation for from five to ten minutes. Infusion should not be resorted to unless there has been loss of body fluids; especially not when the heart's action is interfered with by pericardial effusion.

Enteroclysis is a perfectly safe procedure in all septic cases as a means of combatting circulatory failure. It is properly carried out by inserting a Kemp's flexible double-current catheter into the rectum, and allowing water at 110° F. to flow through for fifteen minutes. The kidneys are stimulated and toxins eliminated. Water is absorbed when the tissues cover it. It has a certain effect in reducing temperature.

Severe forms of anæmia are also benefited, independent of the administration of drugs.

The writer, Dr. Caille, is most emphatic in stating that circulatory failure is not always heart-failure, and that this distinction should receive more

attention at the bedside. He pleads for the more universal adoption of enteroclysis as a measure to combat this accident.—*Archives of Pediatrics*, March, 1903.

C. Sigmund Raue, M.D.

THE PROPHYLAXIS OF APPENDICITIS.—Illoway, in a practical manner, gives the results of his investigations concerning the prevention of appendicitis. As to its chief etiological factor he points out that, in the majority of cases, there is an existent constipation. Wyeth has claimed that the appendix is subject to distention by semi-solid matters, which it is unable to get rid of because of the laxness in its muscular tunic; but, in many instances, it has been shown that the appendix is empty. Others have claimed that the weight of the bowel interferes with its nutrition. The blood-supply of the appendix is not of scant character, for many fair-sized vessels are found in it. The objections raised to the pathogenesis of the disease, based on anatomical construction, are many, and frankly expressed by Nothnagel.

The writer, in discussing how constipation affects the appendix, says that faecal matter is forced in and, because of the valve and weight of bowels, is unable to be dislodged. This, undergoing liquefaction, forms culture-beds for bacteria, and a catarrhal inflammation results. Concretions may result, and are inflamed (?). In the female the pelvic cavity is larger; hence the reason for the lessened frequency of attacks.

From the above it would follow that to remove constipation would remove the possibility of appendicitis, but this would be very hard to demonstrate clinically.—*Medical News*, February 21, 1903.

William F. Baker, A.M., M.D.

TREATMENT OF SCINTILLATING SCOTOMATA.—According to Capauner, the etiology and the seat of the affection is uncertain. Charcot explained it as due to a vascular spasm situated in the cerebral cortex. Dufour was the first to call attention to a difference between negative and positive scotoma. The physician Plateau, though blind for forty years, had attacks of scintillating scotomata until his death, and in his case the origin must have been situated in the cerebral cortex.

In cases observed by Schneider, Galezowski and others, the cause must have been retinal. The cephalalgia in these cases is usually located just above the eyebrows.

Having cured a case of simple cephalalgia located in this region by ocular massage, the author adopted the same method in scintillating scotomata. He has treated twelve cases with very satisfactory results by this method.

He gives the history of three of them in which the attacks had continued for years, and in which relief from his plan of mechanotherapy has been permanent and complete. He says that the success of ocular massage renders the retinal origin of the affection very probable.

The beneficial effects are attributed by him to the vascular changes which are induced not only locally, but in a considerable part of the central circulation, by a mechanical alteration of blood-tension.—Dr. Capauner, *Melhouse, Annals d' Oculistique*.

William Spencer, M.D.

UNILATERAL QUININE-AMBLYOPIA.—The case, male, 68 years old, consulted Dr. W. on account of loss of vision in right eye; is hyperopic 2.75 D., vision, right eye  $\frac{1}{2}$ , left eye  $\frac{4}{5}$ . No fundus changes to be seen.

A month later patient returned, complaining that after the vision had been normal, again it became worse during the last few days. Vision was  $\frac{3}{24}$  of normal. Urine normal. With the ophthalmoscope, the retinal vessels were somewhat narrower than in the left eye.

A careful questioning elicited that three months previous to his first visit he suffered from fever (he has lived forty years in Java), for which he took ten grains of quinine. After eight days he doubled the dose, even some three weeks later, on a particular occasion, he took, at once, two grains which made him dizzy, produced noises in the ears, and made him notice a failure of vision; he noticed distinctly that the right eye was much worse. As the quinine pills did not cure him, he took it in another form, also without success, as regards the fever. He went to another place, used no medicine, and the sight of the right eye became slowly normal. Back at home he felt feverish, took a large dose of quinine, and directly the vision of the right eye diminished, which W. found  $\frac{3}{24}$ . The quinine was stopped, and some three weeks later the vision of the right eye was  $\frac{1}{6}$ . No narrowing of the field of vision. Other organs normal.—Dr. C. H. A. Westhoff.

William Spencer, M.D.

THE RÔLE OF THE TOXINS IN INFLAMMATIONS OF THE EYE.—The writer gives the results of experiments which showed that pathogenic bacteria, even those for which toxins had not previously been satisfactorily demonstrated, do harm through the action of specific soluble poisons. His conclusions are:

1. Bacterial toxins, so far as tested, when instilled even for many hours into healthy conjunctival sacs, were found incapable of producing inflammation or causing other injury.

2. The same toxins, when injected into the tissue of the conjunctiva or into the anterior chamber, invariably set up local inflammation, the extent and intensity of the inflammation varying to some degree, according to the species of bacterium yielding the toxin.

3. Bacteria, which have not previously been proven to produce soluble toxins, were found to produce them even in young cultures, and it is suggested that injections of bacterial filtrates into the eye, particularly into the conjunctival tissue, constitute a more delicate biological test for the detection of certain toxins than the tests usually employed for this purpose.

4. The experiments recorded in this paper furnish additional examples, in a comparatively new field, of the importance of toxins in explaining the pathogenic action of bacteria, and likewise emphasize the etiological significance of injuries of the covering membrane of the eye in favoring the action of toxins and of bacteria.—Dr. Robert L. Randolph, Baltimore, *The Amer. Jour. of the Med. Sciences*.

William Spencer, M.D.

INSTANTANEOUS SKIAGRAPHY.—Kassabian (Philadelphia) demonstrates the possibilities and advantages of rapid skiagraphy. The rapidity of exposure largely depends upon the character and size of the machine used, the vacuum of the tube, and the denseness of the structures to be radiographed. He has reduced the time of exposures from hours and minutes to seconds. The minimum time employed for exposure is about one second, this being the time used to skiagraph a hand. The time necessary to skiagraph the denser



parts of the body varies in direct proportion with the thickness of the parts. The following table gives the relative time employed in radiographing the different parts of the body :

Upper Extremity :

Hand,	. . . . .	1 sec.
Wrist,	. . . . .	2 sec.
Forearm,	. . . . .	3 sec.
Elbow,	. . . . .	3-5 sec.
Shoulder,	. . . . .	10-15 sec.

Lower Extremity :

Foot,	. . . . .	5-6 sec.
Ankle,	. . . . .	5-6 sec.
Leg,	. . . . .	5-7 sec.
Knee,	. . . . .	10-15 sec.
Hip,	. . . . .	40-60 sec.

Head :

Face,	. . . . .	10-15 sec.
Cranium,	. . . . .	40-60 sec.

Thorax,	. . . . .	20-30 sec.
Abdomen,	. . . . .	50-90 sec.

The standard was obtained from exposures of patients weighing between 125 and 145 pounds. One or two seconds should be added for every increase of 15 pounds above this. The apparatus used was a Queen 15-inch coil supplied by a 110-volt circuit. The tube should be of high vacuum. There was a parallel spark-gap of from  $7\frac{1}{2}$  to  $8\frac{1}{2}$  inches, with a 3-inch gap in series to prevent blackening of the tube. A distance of from 12-15 inches was used (meaning from the anticathode to the surface of the part to be X-rayed). The plates in use are the specially-prepared X-ray plates of Cramer & Co. All clothing and dressings should be removed, laying the part bare which is to be exposed to the plate. If a static machine is used, the time of exposure should be increased one-fifth to one-third. He gives a few very important points on the development of the plate after exposure. The developing solution should be slightly stronger than the ordinary photographic formula, and on any lessening of the oxidizing power fresh developer should replace old. The time of developing should be lengthened over that of the ordinary photographic plate, but always exercising care not to fog the plate by so doing. Summing up the advantages of short exposure, they are : Avoiding the production of superficial burns ; preventing the production of secondary rays ; reducing the liability of moving, as in radiographing the lungs or heart. He claims that more differential detail can be obtained by short exposures than by long. Three radiographs are appended to the article.—*American X-ray Journal*, February, 1903.

Bernard E. Bigler, M.D.

HYOSCINE IN THE TREATMENT OF MORPHINISM; ITS OFFICE AND VALUE.—(Petty.)—In speaking of the remedy the writer says: "In a series of cases, now numbering 400, in which I have used this remedy, in only 2 or 3 cases have delirium or delusions of any kind been present as long as 48 hours after the last dose. Probably in 1 case out of 10 such symptoms

continue 24 hours after last dose, but in fully 90 per cent. of the cases the mind was perfectly clear by the twelfth hour, or earlier, and remained so thereafter. In many cases the delirium subsides by the fourth to sixth hour after the last dose." He further states, in answer to Dr. Crothers, relative to loss of memory coincident with the hyoscine treatment that, in his experience, instead of hyoscine being dangerous to the mind of the patient, it does more to awaken and revivify the mental faculties than any remedy he has ever used.

Hyoscine cannot be considered a substitute for morphine; there is no need of such substitute. It cannot be used over an extended period of time. It is certainly not more dangerous than atropine, strychnine, cocaine or other powerful agents.

As to its use in morphinism he says: "Any remedy or course of treatment that will rob the sudden withdrawal of morphine of its horrors of suffering and dangers to life should be regarded as a Godsend to humanity." The discrete administration of hyoscine accomplishes this result.

The painful symptoms following on the withdrawal have a natural limit of a few days, and, by the use of this drug, these days are passed in comfort and the patient enabled to escape the nerve-strain and shock that would have been attendant on such an ordeal.

In summing up he says: "Hyoscine not only occupies, but fills, when properly used, as important a place in the treatment of morphinism as does chloroform or ether in the practice of surgery."—*Medical News*, February 28, 1903.

William F. Baker, A.M., M.D.

REMARKS ON ACHYLIA GASTRICA AND PERNICIOUS ANÆMIA.—(Einhorn.)—These conditions have been found repeatedly together. Some writers have pointed out an intimate connection, and have considered both as nearly identical by assuming that the atrophy of the gastric mucosa was the cause of the pernicious anæmia.

In summing up the writer says: "We are more inclined, especially in view of the results communicated in this paper, to look upon the functional and anatomical changes of the digestive tract as co-ordinated phenomena, or, perhaps, even a subsequent result of the pernicious anæmia, rather than as a cause of this disease."

The writer gives as his reasons against the assumption that pernicious anæmia is caused by atrophy of the stomach in the following:

(a.) In most cases of achylia gastrica a nearly normal condition of the blood is found.

In one case of achylia gastrica in which, at autopsy, a total atrophy of the stomach mucosa was found, pernicious anæmia did not exist during life.

(b.) We occasionally observe the presence of gastric juice in cases of pernicious anæmia, sometimes even in an increased amount, as is evident from three cases quoted. If pernicious anæmia were caused by an atrophy of the gastric mucous membrane, the achylia would have to be well marked as soon as the symptoms of the blood disease are apparent.

The occurrence of these two conditions in the minority should probably point to the fact that there is a common cause for both, or that pernicious anæmia progresses with a deficient gastric function. Changes in the stomach

may also occur in pernicious anæmia as those in the spinal cord.—*Medical Record*, February 28, 1903.

William F. Baker, A.M., M.D.

**ATYPICAL TYPHOID FEVER.**—C. A. Ewald, in reviewing his extended experience with typhoid fever, comes to the conclusion that the disease no longer exists in its clinical purity, as described by Griesinger, Murchinson and Liebermeister. Atypical cases are much more frequent than typical ones. This is an observation to be noted with all infectious diseases when they gradually diminish in their severity. This, however, leads to difficulty in diagnosis.

Among the aids to diagnosis, Ewald considers puncture of the spleen and aspiration of splenic blood absolutely unjustifiable.

**Temperature.**—In the majority of cases coming under his notice, the temperature did not rise step-like, but the fever began abruptly. The course assumed is that of a *febris hectica*, as in tuberculosis. On the other hand, acute miliary tuberculosis may begin similar to typical typhoid.

The *agglutination-test* is unsatisfactory, because it cannot be applied in the early period of the disease, and because often enough it is altogether absent. The same may be said of the bacteriological examination of the fæces.

The *diazo-reaction* is likewise misleading. In 56 cases it was absent 29 times; at the same time, this reaction may be obtained in tuberculosis, malignant endocarditis and a variety of other infectious diseases. Nor do the diazo-reaction and the agglutination-test run parallel.

Cases in which symptoms of endocarditis stand in the foreground present great difficulty in diagnosis. A case is mentioned in which dilatation of the heart occurred, with symptoms resembling ulcerative endocarditis; the subsequent course, and the presence of the agglutination-test, however, showed that the case was one of purely typhoid fever.

Ewald confirms Littau's observation, that frequently cases are encountered in which the symptoms *nitra u tam* in no way correspond to the slight changes observed in the gut post-mortem. These are septicæmic typhoid. Curshman calls it "toxintyphoid."

Sudden onset with chill is possible. The writer has also had cases of typhoid beginning coincidently with a lobar pneumonia.—*Berliner Klinische Wochenschr.*, January 26, 1903.

C. Sigmund Raue, M.D.

**CONCERNING THE ORIGIN OF COUGH AND CORYZA.**—G. Rosenfeld reviews the subject of pollen catarrh, and calls attention to a peculiar case of catarrh that came under his observation. In America, the pollen of ambrosia *artemisiæfolia* is the commonest cause of hay-fever. This shrub blooms in August and September, at which time the disease is most prevalent. In Germany and England, the grasses that are responsible for hay-fever bloom between the end of May and second half of July.

It is a question whether the pollen acts mechanically or chemically. Dr. Rosenfeld calls attention to the fact that the odor alone of some substances may bring on coryza and asthma in susceptible subjects.

A peculiar, stubborn case of rhino-pharyngeal catarrh, associated with cough, and occurring yearly, during the entire summer, is described. The fact was elicited that she had a parrot in the house, the said parrot moulting



during the warm weather, and disseminating minute horny, irritating particles from his coat into the atmosphere. These fragments of feathers and epidermis were demonstrated in the mucous secretion from the air-passages. Accordingly, the parrot was removed and the patient made a prompt recovery.—*Berliner Klinische Wochenschrift*, March 2, 1903.

C. Sigmund Raue, M.D.

**AUTOPSY STATISTICS AT THE CHILDREN'S HOSPITAL, WITH REFERENCE TO TUBERCULOSIS AND ITS ETIOLOGY.**—Alfred Hand makes the following analysis of a series of autopsies at the Children's Hospital, Philadelphia:

During a period of ten years, 332 autopsies were performed; 115 showed tuberculosis (34.6 per cent.). Children are, perhaps, a little more susceptible to tuberculosis than adults.

The portal of infection was determined as follows: Oldest lesion in the bronchial lymph-nodes, 65 per cent.; mesenteric lymph-nodes, 8.7 per cent.; general distribution of lesions, 23.4 per cent.; portal undeterminate, 1.7 per cent.; tonsil, 0.9 per cent.

It appears that it is not absolutely necessary that the bacilli be inspired in order to set up a primary tuberculosis in the bronchial lymph-nodes. Dr. Ravenel recently exhibited a case showing primary bronchial tuberculosis without intestinal or mesenteric lesions, in two monkeys and one cow whose food had been inoculated with tubercle bacilli. It is, therefore, clearly possible for the bacilli to migrate from the alimentary tract to distant parts without having set up a "tuberculous chancre" (Hutinal) at the port of entrance. As Dr. Hand puts it, "the bacilli pass through the usual channels without leaving their card."

The following case is *à propos*: A well-nourished infant; sudden thymic death; thymus enlarged; a few enlarged mesenteric lymph-nodes, not appearing tuberculous. Diagnosis, lymphatism. The glands were, however, examined, and cultures of tubercle bacilli obtained therefrom.

In tuberculous meningitis it is often impossible to demonstrate signs of tuberculosis elsewhere. It is quite likely that the bacilli gain entrance through the usual channels "without leaving their card." Again, they may get to the brain through a necrosed, cribriform plate. [We recently saw a case in a young infant, following upon a purulent rhinitis that had received rigorous local treatment, the inference being that infection took place through the cribriform plate, as there were no other evidences of tuberculosis discernible.]

*Distribution of the Lesions.*—Bronchial lymph-nodes, 81.7 per cent.; lungs, 78.3 per cent.; spleen, 47.8 per cent.; mesenteric lymph-nodes, 46.1 per cent.; liver, 45.2 per cent.; meninges, 31.3 per cent.; intestinal ulceration, 24 per cent.; peritoneum, 18 per cent.

One of the important points demonstrated is the fact that the tubercle bacilli may pass through a mucous membrane without any apparent lesion. The clinical observation that external tuberculosis (including that of the bones) rarely strikes in was also borne out.

*Conclusions.*—1. The majority of cases of tuberculosis in infants and children is apparently the result of air-borne infection.

2. A certain percentage of cases is of primary intestinal origin, probably

the result of food-infection, as those cases which were subjected to exhaustive experimental study gave bacilli resembling the bacillus of bovine tuberculosis in all of its characteristics. This group is sufficiently large to render imperative measures of prevention.

3. From an anatomical standpoint, there is no way of distinguishing those cases of primary bronchial tuberculosis which might be the result of food-infection from those in which the infection is air-borne.

4. The large proportion of cases in infants suggests either a greater exposure or a less resistance to the infection as compared with children over two years of age.—*Archives of Pediatrics*, April, 1903.

C. Sigmund Raue, M.D.

SOME EXPERIMENTS ON THE NATURE AND SPECIFIC TREATMENT OF HAY-FEVER.—Sir Felix Semon, speaking of the observations of Prof. W. O. Dunbar at the Hamburg State Institute, says: "There can be no doubt that Prof. Dunbar has succeeded in extracting from the pollen of certain grasses (maize, wheat, rye, *anthraxanthum odoratum*, *agropyrum repens*, *cynosurus cristatus*, etc.) a toxin which, when instilled into the eyes or nostrils of people predisposed to hay-fever, produces in these parts the characteristic subjective and objective symptoms of the disease.

"The toxin, when injected into the eyes or nostrils of the people not predisposed, produced, in the great majority of cases, no symptoms whatever, but it certainly appears, from Dr. T.'s and my own experiences, as if there were instances of transition in which, although the persons experimented upon never suffer from typical hay-fever, they are yet more susceptible to the influence of the toxin than the ordinary run of people.

"The effects of the toxin in people suffering from hay-fever are as variable in intensity as are the attacks of the affection itself, both with regard to the local and the constitutional symptoms.

"Prof. Dunbar's antitoxin certainly produced immediate disappearance of the subjective, and, after a few minutes, great amelioration of the objective symptoms. The mixture, in equal parts, of a toxic solution (1 in 500) and the antitoxic serum suffices to neutralize the specific effects of the toxin. The effects of the antitoxin appear in some instances to be sufficient to prevent a reappearance of the subjective symptoms, whilst in other instances repeated instillations of the antitoxin were required to produce ultimately the return to normal conditions.

"It is hardly necessary to add that this can only claim to be a preliminary report on a very interesting and important subject. We are, as it were, on the threshold of facts which, if our expectations should be realized, would in many respects open a new era for the better understanding and more efficient treatment of a most troublesome and common disease. At the same time, it cannot be too emphatically stated that all we know at the present is not sufficient to build excessive therapeutic hopes upon, and this for the following reasons:

"We do not yet know what the nature of the special predisposition is which makes one person react violently to the influenza of both the natural pollen and of the artificially-produced toxin, whilst it leaves another quite unaffected. Whilst the antitoxic serum as at present produced quickly neutralizes the

local effects of the toxin, it is impossible to foretell—and on this point I wish to insist very strongly—whether in cases of genuine attacks of hay-fever an even more powerful serum than that at present prepared,—applied by way of instillation into the affected mucous membranes, or by subcutaneous injection or by internal administration,—will arrest all the symptoms when once fully established, and even if it should do so, whether the effect will be lasting, or whether the symptoms may not return. Finally, it is equally impossible to foretell whether by the prophylactic application of a very powerful serum we shall succeed in altogether preventing the actual outbreak of an attack in those specially predisposed.”—*British Medical Journal*, March 28, 1903.

**RESECTION OF THE KNEE WITHOUT OPENING THE JOINT.**—G. Marion explains the simple and decidedly easier operation for resection of the knee than the ordinary section. He does not open the joint. It prevents any infection, and offers a better chance against the production of the tubercular focus. The operation may be divided into six steps: (1) Exposing the front of the joint; (2) dissection of the upper *cul-de-sac*; (3) section of the femur; (4) isolation of the posterior surface of the articulation; (5) section of the tibia; (6) reunion. To expose the articulation, the classical incision is made use of, with its concavity upward. The incision is carried rather high and somewhat more posterior than usual. The flap includes only the skin. After exposing the articulation the patella tendon is divided about 1 cm. from its attachment from the tibia, and all accessory tendons on each side are divided. In dissecting the superior *cul-de-sac*, the section of the triceps is made above the horizontal tendon, the incision having its concavity inferior. The synovial membrane must be dissected very carefully, so as not to open it. Before dividing the femur it is advisable to separate the structures from the bone in the popliteal space. A metal strip is then placed under the femur, which protects the vessels and nerves; the bone can then be divided. A wedge-shaped section of the femur is made. A little more than half the bone is included in the anterior section. After separating the bone, the leg is flexed, which brings the lower end of the femur forward and opens the popliteal space. The muscles and aponeurosis are then separated from their attachments, not too near the articulation. The dissection is pushed down until it reaches the transverse incision in the periosteum made on the anterior surface of the tibia, where the patella tendon was cut. Then the tibia is divided, which completely separates the articulation. The section is begun behind, and from above downward and forward, finishing in front, so as to leave a V-shaped section with the concavity upward. This will fit the cuneiform section of the femur. The fibres and muscular structures about the femur and tibia are united and the patella tendon attached to the divided tendon of the triceps. A drain is left behind the bones and in front of the structures in the popliteal space. Suturing of the skin and after-treatment are the same as in the ordinary section. He has had very good results in seven cases, and in one case there was extensive infiltration which called for curettement. Appended are six illustrations giving a clear idea of the operation.—*Archives Generales de Medecine (Medicine)*, April, 1903.

Bernard E. Bigler, M.D.



## MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND  
THERAPEUTICS.

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CONDUCTED BY O. S. HAINES, M.D.,with the collaboration in German literature of C. Sigmund Raue, M.D.,  
and in French literature of Charles Platt, M.D.

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**A HOMŒOPATHIC TONIC.**—There seems to be much reason in the remarks of Edwin D. Simpson, M.D., in *April Century*, regarding the use of conium as a "tonic." If we analyze the poisonous action of a reliable preparation of conium upon the human organism, we shall find depression and paralysis of the endings in skeletal muscles standing out prominently as its specific effect overshadowing all other symptoms; in this it is allied to curare and nicotine. Its use, as a tonic, in conditions of motor depression has not received the attention it merits. The experience of Dr. Simpson has taught him that in neurasthenia, anæmia, malnutrition, convalescence from acute diseases, and in chronic conditions in which muscular weakness, especially of the lower extremities is marked, conium acts as a veritable tonic, soon changing the picture to one of normal muscular strength. It does not seem to matter in these cases whether there be concomitant cerebral or psychic depression, nor does age seem to cause any difference in the result; young and old alike respond, and frequently ask for more of the excellent tonic medicine. Now, in the convalescent stage of grippe, it quickly relieves the psychic and physical depression following the onslaught of that protean malady. After recovery from typhoid and malarial fevers, it has been quite a boon, and will nicely replace the numerous tonics with which our stores are overstocked. The symptom-picture presented by the class of cases alluded to seems to be so closely allied to that of conium poisoning in mild degree as to suggest the homœopathicity of this drug, and the experience of the author has caused him to be well satisfied with its therapeutic effects.

**HELLEBORUS NIGER.**—Dr. Kent, in *Journal of Homœopathics*, pictures for us the type of child calling for this remedy very often. It is a condition that will very likely prove fatal if helleborus is not chosen promptly and administered faithfully and without the interference of intercurrent remedies. The child lies upon its back, staring, with half-closed eyelids. Its lips move as if it wished to speak, but on further questioning the words are lost, forgotten. Such a child will scream out in its sleep. It will raise its hand to its head and shriek like the apis child. But in apis we have symptoms of a more acute and active type. In apis, the child may kick the covers off. On the other hand, the helleborus child does not pay attention to anything. It lies

upon the back, with limbs drawn up, making automatic motions with one arm and one leg, while perhaps the other side is paralyzed. Perhaps it may bore the head into the pillow. There may be contraction of the muscles of the back of the neck, so that the head is drawn backward as far as it will go. We should remember that helleborus acts slowly in these stubborn cases of brain and spinal trouble. As recovery begins, there may occur a sweat, a diarrhœa or vomiting. These phenomena mark the beginning of the reaction. We must not make the mistake of prescribing for these reactionary phenomena. Let them alone. As such a child gradually rouses from its stupor, it may exhibit signs of irritation, may scream, cry, toss about, and become very troublesome to manage. Here, again, we must not interfere. We must forewarn the parents of such symptoms, assuring them of their favorable import. Dr. Kent speaks of the "wrinkling of the brow" in such cases. It resembles the wrinkling of the brow in lycopodium pulmonary affections. We can confirm the truth of Dr. Kent's observations. Such cases may remain in the condition mentioned for weeks in exceptionally severe cases, and yet finally be restored to health by helleborus.

**PODOPHYLLUM IN INFANTILE DIARRHŒA.**—Dr. Mossa considers Dr. Ringer's recommendation of podophyllum in infantile diarrhœa one of the strongest indications of the universal application of the law of similars, although the great body of medicine comprising the old school does not admit its truth.—*Allg. Hom. Zeitung*. Personally, we look upon podophyllum as the most frequently indicated and the most generally useful remedy in the diarrhœas of childhood. In the early stages of an intestinal indigestion nuxvomica is preferable, of course; and when intense inflammatory reaction has developed, mercury is often better indicated, particularly when tenesmus is a prominent symptom. Again, belladonna is indicated when there is much fever and cerebral symptoms.

Of the mercuries, the bichloride seems the most objectionable. Podophyllum need not be excluded from a case, however, on account of the presence of tenesmus. This is a symptom that should not be left so much to drugs for its relief than to intestinal irrigations with warm saline solution. This *procedure* and podophyllum form a most effectual combination against a common and much-dreaded disease of childhood.

**GLAUCOMA.**—Theoretically, I find no remedy that offers more, in the treatment of glaucoma, than plumbum: and especially if it be secondary to lesions of the spinal cord, or in cases where there is a history of paraplegia or hemiplegia. This, with phosphorus, gives the two remedies that, from a physiological standpoint, offer the best results.—J. B. G. Custis, M. D., in *Hom. E. E. and T. Journal*.

**DRUG-AGENTS AND DRUGGING.**—That good homœopath, John J. Shaw, of Plymouth, Mass., in *N. E. Med. Gazette*, thinks that our young men are being enticed from the path of therapeutic rectitude by the seductive arguments of the drug-agents. It was Oliver Wendell Holmes who said: "It would be better for mankind if all drugs, with one or two exceptions, were thrown into the sea." Dr. Holmes knew what he was talking about, for he had given drugs a good trial; from the wrong standpoint to be sure. But he did not know anything about homœopathy, as one may readily glean from his

writings upon that subject. Dr. Shaw thinks it is difficult to stick to the homœopathic mode of drug selection; and that is true. Especially is it difficult for a young, inexperienced practitioner. It is hard to stick to the track unless your wheels have flanges. The best thing to strengthen the mental flanges of the homœopath is experience. The youth of our school have not had any experience. Therefore the older men should be very careful what kind of advice and counsel they offer the immature, yet receptive, minds of the younger set. You will do more harm to the young man by your flippant, cynical, pessimistic tone, when speaking to him on therapeutic topics, than the drug-agent ever will. He trusts you and believes what you say is true. Dr. Shaw tells us of one case that shows anyone, who cares to see, how much more effective and how much more scientific the homœopathic method is. An old lady had been stricken with some intestinal ailment, probably cholera morbus. She had been so reduced that her case was looked upon as hopeless. During the night on which she was supposed to be dying Dr. S. was called. He found her in collapse, temperature subnormal, pulse weak and slow, and in the restlessness of exhaustion. Now here was a fine field for nitroglycerin, for digitalis, for strychnia and stimulants; but, as the doctor had flanges on his wheels, he did not jump the track the moment he saw these danger signals. He simply administered what she needed,—arsenicum. Within an hour he knew he had selected the right restorative. By the next day she was safe. Would anyone not acquainted with the homœopathic method of drug selection been likely to have hit upon arsenic as her remedy? And so we say, with much confidence, that the physician who is thoroughly acquainted with the methods of *similia* is a superior physician. Teach the young man confidence. Don't make him a therapeutic nihilist at the very beginning of his career.

A METHOD OF PREPARING UNSTABLE TRITURATIONS.—Dr. W. D. Bayley offers the following suggestion regarding the triturations of iodide or arsenic and nitrate of silver, each of which may be regarded as likely to deteriorate rapidly. He has the *freshly prepared* triturations quickly placed in capsules of gelatine. These are kept in black glass bottles. He claims that, so prepared, these remedies seem to be more active and efficient. We all know how unreliable the ordinary preparations of silver nitrate are. This suggestion seems to be valuable. Each capsule contains one grain of the fresh trituration.

HEADACHE.—Disclaiming any attempt at completeness, Dr. Cartier presents a summary of the medicines which have proven useful in his hands for the relief of headache.

*Headaches Due to Circulatory Changes.*—In plethora, belladonna is one of the great remedies. Glonoin is indicated especially in the pulsating temples and congested face, and the less-known melilotus for the same condition. With gelsemium there is heaviness and pressure, and the base of the brain seems particularly affected. Sanguinaria, so useful in chronic headaches, has also the appearance of warmth, pains not so acute, but a sensation of a heavy cap, and the principal seat is the occiput.

In the headaches of anæmia, hydrotherapy is useful, and sanguinaria is one of the best remedies. China is good, especially when there has been loss



of blood, and helonias in the anæmia of metritis. Ignatia for the sensation of a nail driven into the temples, in anæmic and nervous women, and cyclamen of great value for the head which seems to be bursting.

The headaches of the growing and adolescent period are included in this same category of circulatory disturbances, and are often plethoric in character. Calc. phos. and phos. acid are indicated, while at the other extreme of life, with sclerotic arteries, etc., baryta carb. or baryta mur. are excellent remedies.

*Headaches of Toxæmia.*—Effort should, of course, be made to reach the cause of the intoxication and to prevent the retention of the toxic products. In gastric troubles, then, diet, rest after eating, the prevention of fermentation, and that most valuable remedy, baptisia. Bryonia may be useful. In the sick headaches of chronic dyspeptics, with vomiting, and particularly where there is some degree of periodicity, iris vers. is of great value, but may easily produce aggravation if not properly prescribed. Remedies used in treating the dyspepsia: nux vom., graphites, lycopodium, gratiola, lach. may all effect a relief from the head-pains.

In headaches evidently of liver origin, uranium nit. has yielded excellent results. Ferrum phos. is of great value in the headaches with fever and diarrhœa of acute intestinal disorders, while the headache of constipation will be relieved either by "mechanical" means or by such remedies as lycopod., bry., alumina, nux vom., or, when hæmorrhoids are troublesome, by æsculus hipp.

In the toxæmia of grippe, rhus rad. is suitable for the temporal headaches, with heavy eyes and pain on movement, and eupator. perf. where the grippe manifests a laryngo-tracheal form. In that severe type of grippe, with frightful head-pains simulating meningitis, excellent results have been obtained from an alternation of passiflora tincture with derrio pinnata (a secret remedy). Belladonna, atropine, sulphate of quinine and analgesias may all be required. Quinine sulph. and cedron are to be used in the malarial toxæmias.

*Arthritic and Neuropathic Headaches.*—Sanguinaria is indicated in arthritic troubles where the pain is not very acute, where there is rather a heaviness, and where the chief seat is the occiput. Tabacum 3 or 6 has produced excellent results where other remedies have failed, and arsenicum is the great remedy where there is heat or burning. Picric acid and its compounds, ferrum pic. and zincum pic., are efficient in the headaches of neurasthenia, particularly where there is mental fatigue, and ambragrisia is similar. Silica, sanguinaria again, and stannum are all useful, while in hysteria one thinks of ignatia, asafoetida, coffee, and especially of cyclamen.

*Headaches Due to Cerebral Lesions.*—Potas. iod. is invaluable in syphilitic headaches, but may do harm in absence of syphilis. For the epileptic head-pains, Cina is recommended. Headaches due to cerebral tumors may sometimes be relieved by agaricus, pulsatilla, gelsemium, or by onosmodium. Hepar is to be thought of in cerebral abscess, and arnica in contusions.

*Headaches Originating in the Sense-Organs.*—Eye-strain requires correction, but ruta, sepia, arnica may all assist. Paris quad. has darting pains from occiput to eye. Onosmodium virg. is one of the best remedies for ocular headaches, and ophthalmic migraine is relieved by spigelia, iris vers., ferrum phos., and sometimes by kalmia lat. In otitis, lachesis, ferrum phos., petroleum, chenopodium, pulsatilla, belladonna, chininum sulph. are indicated. Where the headache has a nasal origin, gels. is to be thought of, and,

later, in the more chronic troubles, hydrast. can. Kali bich. is good, as is, also, sanguinaria, if there is much dryness of the naso-pharynx, while aurum is useful in the syphilitic ozenas.

*Neuralgia of the facial nerve* calls for spigelia, belladonna, aconite and creasote.

*Menstrual headaches*, premonitory in character and time, yield often to pulsatilla, or, if the headache is post-periodic, then to sanguinaria.—*Revue Homœopathique Française*, xv., No. 3.

**HYDROCYANIC ACID AS AN ANTIDOTE TO CHLOROFORM.**—Dr. Stonham, of London, advises that when respirations cease from an overdose of chloroform, a drop or two of the dilute acid hydrocyanic be placed upon the back of the tongue. He reasons from the similarity existing between the poisonous effects of prussic acid and chloroform. Under such circumstances we need a remedy which is powerful, which acts rapidly, and which is easily administered.—*Monthly Hom. Review*.

**ANTIMONIUM TARTARICUM IN TARDY ERUPTIONS.**—This remedy is especially valuable when the eruptions of scarlatina, measles, or variola do not come out properly; along with this suppressed eruption the patient has dyspnoea, and this symptom is an important one in the selection of the remedy. The face is bluish; the child becomes drowsy and twitches occasionally. Perspiration becomes very difficult. From the above symptoms we know that the case is becoming very serious. This remedy will bring about a rapid change for the better.—*Hom. Jour. of Pediatrics*.

**WHAT TO DO IN LATE SYPHILIS.**—We think that sometimes physicians forget there are other remedies for the later manifestations of syphilis than iodide of potassium and mercury. We are apt to forget that syphilis is one of the most depressing diseases we have to contend with, and that we must look after the integrity of the cell. Time and again we have had protracted secondaries that went from bad to worse under the mixed treatment, or any treatment, in which the usual remedies were employed; and which improved like magic when anti-syphilitic treatment was stopped and the patients put upon iron, bark and a full nutritious diet. Just remember that it is often a good plan to stop all anti-syphilitics, so-called, and take up a line of remedies suitable for a condition of general anæmia and malnutrition. It is interesting to learn from these remarks of Dr. C. A. Bryce, in *Southern Clinic*, just how our old-school friends feel about the treatment of syphilis. How much more necessary and expedient it is that homœopathic physicians should occasionally break away from the habitual giving of mercury and the iodides, and should study, for a moment, the actual needs of the case. We have many excellent remedies for the later consequences of syphilis that are seldom or never used, because of the feeling that exists in most minds that such cases invariably need more iodide. Our attention has lately been called to this matter, after seeing some cases of late syphilis, that seemed to require a "rest" from medication more than a drug, and we submit this line of thought for the contemplation of our readers.

**A WISE MAN.**—A writer in one of the prominent old-school journals has the following to say, when speaking of the pathogenetic effects of the poison of the honey-bee: "What is the use of going over the same ground that has been traversed in this investigation?" "The homœopaths and eclectics have

used *apis mellifica* in therapeutics for many years, while the regular profession are just beginning to investigate its virtues." "Why not start where they have brought the subject." "Give credit where credit is due." "Accept their work, give them credit for it, have peace and relieve suffering humanity."—*Cleveland M. & S. Reporter*. This writer is wise beyond his day and generation. The homœopathic profession would be only pleased to have the medical profession generally profit by their work and their investigations. We welcome every genuine investigator to the homœopathic fields and pastures,—if he is a gentleman. What we object to is the hog who roots but to destroy.

**AGARICUS IN TREATMENT OF RAYNAUD'S DISEASE.**—Dr. W. F. Baker communicates the following important observation. Raynaud's disease: According to recent observations in the Nervous Department of the Hahnemann Hospital this disease has responded to *agaricus* 1x. It has been used in this potency only, and has been applied to several cases with prompt relief. The benefit which was derived was most noticeable in winter months, when these patients are at their worst. One patient went so far as to say that it was the best winter he had had with his hands in many years. The first noticeable effect is a return of flesh-color to the part and a disappearance of the bluish tint: then this is followed by an amelioration in pain, numbness and tingling.

**A LOCAL TREATMENT FOR PNEUMONIA.**—Dr. K. Z. Bacon, reasoning from his successful use of glycerin in the treatment of the pelvic engorgements of women, proposes that we apply hot-glycerin compresses over the affected portions of the lungs in our pneumonias. So applied, covered with oil-silk, and renewed every twelve hours, this application relieves the congestion in from twenty-four to forty-eight hours. It seems to expedite the recovery, no case in which it was used having lasted longer than five days.—*Med. Visitor*.

**LOCAL MEASURES IN FOLLICULAR TONSILLITIS.**—Dr. H. M. Champlin, in April *Century*, thinks that we do not pay enough attention to the local cleanliness of the throat in this common affection. He recommends that the tonsillar crypts be sprayed out with the curved-tip Davidson spray-tube, using, first, dioxide of hydrogen, and afterward an alkaline solution. To finish, the author sprays the tonsils with a solution of adrenalin or a hamamelis and boric-acid solution. The result of this local treatment is said to be a prompt cure, not only of the attack, but of the tendency to tonsillitis.

**LOCAL TREATMENT OF LEUCORRHOEA.**—During the past few years we have used but few remedies locally in the treatment of leucorrhœa. After going the rounds of the various preparations recommended, and giving each one a careful trial, we believe that there is nothing better for the purpose than either *calendula* or *hydrastis*. With these two remedies, and plenty of clean water, made into a normal salt solution, there is little need to go farther. If the discharge is excoriating, and if it makes the parts sore, if it is offensive, we use a douche composed of two quarts of warm water and four drachms of tincture of *calendula*. When the discharges are thick, profuse, and lack the evidences of putridity above mentioned, we use the golden seal in the same way. In chronic cases it may be better to use the medicaments in the form of glyceroles, composed of one drachm of the remedy to one ounce of glycerin.—W. A. Smith, M.D., in *Med. Visitor*.



# THE HAHNEMANNIAN MONTHLY.

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JUNE, 1903.

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## HALLUX VALGUS.

BY SIDNEY FREEMAN WILCOX, M.D., NEW YORK.

(Read before the New York County Homœopathic Medical Society.)

It is only restating a well-known fact when I say that constant pain means constant nerve-wear, resulting in nervous exhaustion. Constant strain on a muscle causes nervous irritation and depletion of nervous force. This fact has been especially emphasized by the oculists, who have laid great stress on the nervous difficulties arising from faulty action of and the strain on the ocular muscles. But there is no reason why abnormal conditions of the eye should occupy the attention of the profession any more than other sources of nerve-irritation caused by faulty conditions in other portions of the body. If any one member of the system is crippled, or if its function is carried on with difficulty or pain, the whole system suffers, the suffering being in proportion to the amount of activity demanded of the particular part affected. There is no one department of the organism of which more is demanded than the feet, and yet to how few patients, or even physicians, does it ever occur that the cause of prolonged ill-health lies with the feet?

In introducing the subject of my paper this evening, I desire to call attention to the conditions which are induced by the deformity known as "Hallux Valgus," or bunion. By this term we mean a sub-luxation outward of the great toe, the

shifting laterally of the extensor and flexor of the great toe, the formation of osseous deposits on the sides of the head of the first metatarsal bone, and the callosities which are caused by the pressure of the joint against the side of the shoe. These callosities frequently break down, and deep chronic ulcers result. The luxation may be slight, or it may be to such a degree that the great toe is twisted outward, either over or underneath the other toes. (Fig. 1.) The growth of new bony tissue on the sides of the head of the first metatarsal bone often attains a considerable size, and, in some cases, sharp



FIG. 1 Hallux valgus.

(Pick's Surgery.)

spicules of bone press against the overlying skin, as though sharp-pointed tacks had been placed with their heads against the bone and the points towards the skin. Hallux valgus is induced by wearing either too tight or too short shoes. The former, by pressure directly upon the joint, causes irritation and enlargement of the head of the first metatarsal. The irritation also acts reflexly on the extensor proprius pollicis muscle, which gradually shortens, pulling on the inner side of an obtuse angle, but increasing its advantage with the increase of the deformity.

If the shoe is too short or too pointed, the toe is turned outward at first, because it cannot stretch forward in the proper

direction. This causes a prominence of the joint, which becomes irritated by pressure and the abnormal position of the articular surfaces, and is later followed by contraction of the muscle, as already described. Gout and rheumatism are sometimes causes. Patients suffering from bunion are sometimes badly crippled on account of the pain and difficulty in walking. They are obliged to wear shoes which are unæsthetic

FIG. 2.



Radiographs showing exostoses on heads of first metatarsal bones.

and hideous to the patient. The pain, which is often of a most acute character, is not confined to the time when the patient is walking, but is subject to exacerbations with every change of the weather, and the patients often suffer from severe pain at night in bed. As a result of this constant pain and irritation, and the lack of exercise, the health is often greatly impaired. But it is seldom that the patients themselves



realize the extent to which their ill-health is due to the condition of their feet. Anything which can relieve the suffering induced by so serious a condition should be well known to the profession, and yet I have often been surprised at the lack of knowledge on this subject.

Various methods of mechanical treatment by means of straps, shoes and splints have been advised; but they are all

FIG. 3.



Radiographs of same case as Fig. 2, indicating deformity more clearly.

merely makeshifts, and are of very little value. They only relieve temporarily at the time of their application, and are uncomfortable and cumbersome.

Distinct methods of operative procedure for the relief of hallux valgus have been confined to about the last twenty-five years. In the *Medical Record* for July 10, 1880, Dr. A. M. Blodgett, of Boston, Mass., refers to a report of eleven cases made by Dr. Frank E. Hamilton at the meeting of the Ameri-

can Medical Association, held in Buffalo. Of these eleven cases there had been one death, in a man 74 years of age, due to gangrene following the operation, which gangrene was supposed to have been the result of the application of the Esmarch bandage. Hamilton's operation consisted in making an incision longitudinally along the inside of the joint. The soft tissues were dissected away from the first metatarsal bone, until the head of the bone could be removed with a chain-saw or cutting-pliers. Dr. Hamilton used no sutures, but kept the foot immersed in hot water for from five to seven days after the op-

FIG. 4.



Palliative apparatus (Pick and Sayre).

eration, and then applied hot fomentations for several days more, allowing the wound to heal by granulation. Dr. Blodgett, in the case on which he operated himself, used carbolic-acid solution during the operation, and applied light carbolic dressings afterwards. He used silk stitches to unite the wound, and reported good results. Dr. Blodgett also refers, in the same article, to the work previously done by Hueper, who had operated in a similar method, but had allowed his wounds to heal by granulation. To Hamilton, however, is due the credit of performing the first recorded operation of this sort in this country.

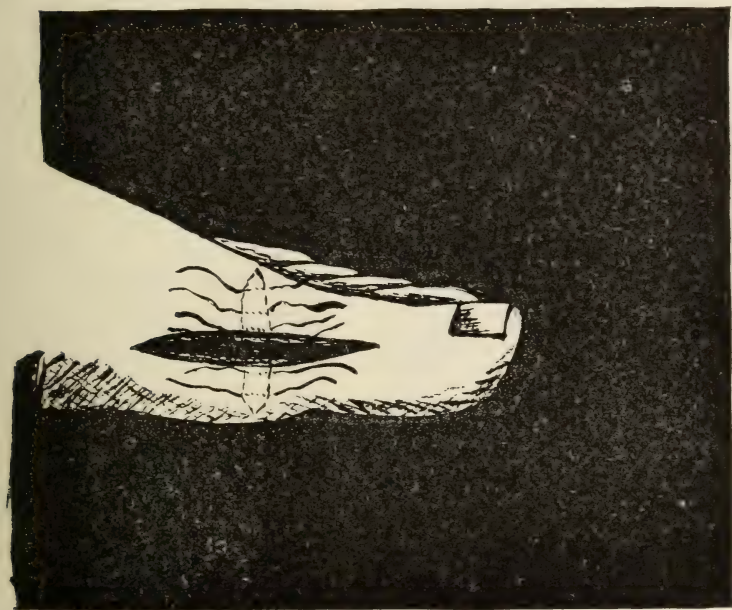
In the *Annals of Surgery*, page 443, vol. xxv., 1897, Dr. Robert F. Wier, of this city, refers to the writings of Ullman on this subject, and states that he recommended the detaching of the long flexor of the great toe, carrying it to the inside of the first phalanx, attaching it to the long extensor, with the intention of pulling the toe around toward the inner side. Wier, in the same article, details a number of cases in which he had operated with good results. His operation consisted in making a semilunar incision, the convexity of the curve being downward: the flap was dissected upward, and the joint opened on the inner side. The superfluous bone was cut away at the sides, and the tendon of the extensor longus pollicis was cut off and reattached to the inner side of the phalanx. The sesmoid bones of the flexor-tendons were cut away with scissors. The attachment of the tendon to the phalanx was made with silk sutures, and the wound closed with silk. The advantages which Dr. Wier claims for his operation are the removal of the deformity without shortening the toe, and obviating the tendency of a relapse of the difficulty to the action of the flexor-longus pollicis. I have never tried Wier's operation, although it seems to me it has some advantages.

In the New York *Medical Journal* of December 16, 1899, Dr. Russel S. Fowler, of Brooklyn, reports a case of operation by the method introduced by his father, Dr. George T. Fowler, of Brooklyn. Dr. Fowler lays great stress on the pathological shortening of the external lateral ligaments of the joint, and the consequent relaxation of the internal lateral ligaments, and he claims that these conditions are remedied by the operation which he describes. This consists in transfixing the foot from the plantar-surface, with a narrow-bladed knife, which is passed between the first and second toes, at a point one-half an inch proximal to the metatarso-phalangeal joint. Incision is made with a single sweep of the knife in the web between the toes. The great toe is then taken in the left hand and adducted strongly inward, putting the contracted external lateral ligaments on the stretch. These are cut crosswise and the toe completely dislocated inward, so that it lies on the inner aspect of the foot. The fibrous tissue is dissected away with the knife and the handle of the scalpel; the soft parts are protected, and a triangular portion of the bone, including the new



growth, is removed. The toe is then replaced in position, and the wound united with two sutures. If there is a tendency for recontraction of the extensor longus pollicis, an incision is made lengthwise over the tendon of this muscle, two inches back from the original incision. The tendon is hooked up and drawn out as far as possible. At its most prominent portion it is cut half-way across on its upper surface. At a point half an inch down its course, it is again cut half-way across on the op-

FIG. 5.



Showing author's method of shortening the capsule by stretching it crosswise and suturing it in that position subcutaneously, the skin incision being sutured longitudinally.

posite or lower side. Then by putting the tendon on the stretch, its length can be increased considerably.

After reading the description of this operation, I tried it in two cases, but found there were serious objections to its performance, and have decided not to do it again. The trouble is that it is very difficult to avoid dividing the branch of the internal plantar-nerve, which supplies the great toe, and if this accident occurs, as it did in one of my cases, the sensation in

the toe is lost. Also the flexor-tendon may be accidentally divided, although this is easily discovered and remedied.

The operation which I have performed was described by me in the *Homœopathic Text-Book of Surgery*, and is substantially the one performed by Hamilton years ago—the only difference

FIG. 6.

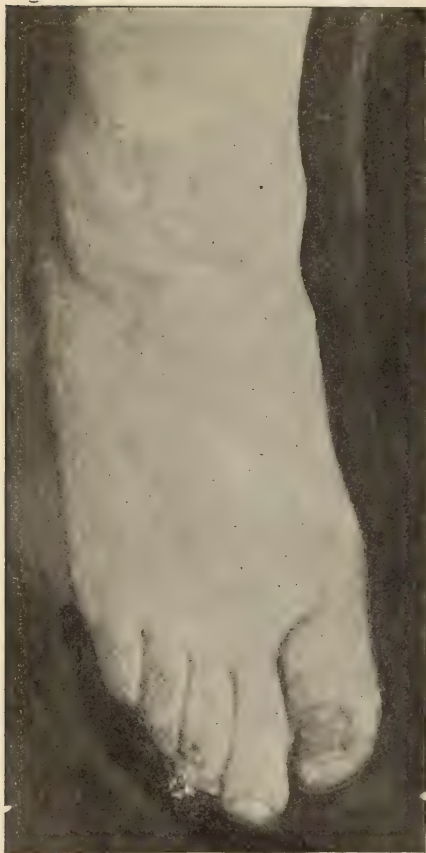
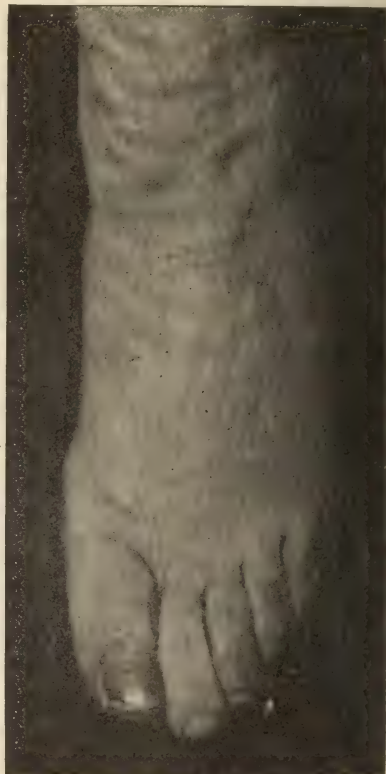


FIG. 7.



Photographs showing result three years after operation. The great toes appear shorter than normal, but the inner edge of the foot shows only very slight deformity.

being in the technique and the after-treatment. It consists in making an incision about an inch-and-a-half in length, parallel with the bones, over the joint. If there is large callosity and, perhaps, an ulcer over the joint, the incision may be an elliptical one, which will remove the thickened skin. The incision is carried directly down to the bone, and the ligamentous at-

tachments are separated by fine parallel incisions and the periosteal elevator. Then the Gigli saw is slipped over the head of the bone, which is sawn through from within outward, removing the head of the bone and the hypertrophied bony tissue. It is better to use the Gigli saw than the cutting bone-forceps, because there is less bruising of the bone, and the Gigli saw in passing through the bone becomes hot and stops the oozing of blood. Considerable difficulty is sometimes experienced in applying the Gigli saw, as it is difficult to get it behind the head of the bone, but it can be accomplished in a few moments, and, as before stated, is the best method of removing the bone. I have not found it necessary to lengthen the tendon of the extensor proprius pollicis, nor to remove the sessamoid bones in the flexor-tendon; nor is it necessary to remove the base of the first phalanx. In fact, it is much better not to do so, because, by leaving it, a perfectly movable joint is established. In order to bring the toe into correct position, the capsule of the joint is stretched open *crosswise* and sewed with fine chromicized catgut, so that it shortens the internal lateral ligament, and in that way throws the toe inward into its proper position. (Fig. 5.) The skin is sutured so that it is brought together longitudinally, and may be fastened with sutures as suits the judgment of the operator. Formerly, I applied plaster-of-Paris to hold the toe in proper position, but I have come to the conclusion that it is unnecessary, and now, after applying a wet bichloride dressing over the wound, and a good-sized pad between the toes, I envelop the foot in a large mass of sterilized cotton, which is sufficient to hold the toe in a proper position, and is far more comfortable than the unyielding plaster-of-Paris dressing. My results thus far in a considerable number of cases have been in the highest degree successful. There have been no bad consequences and no relapses. The toe has been shortened, but the strength in the foot has not been diminished. Patients have been relieved from severe suffering and the crippled condition, and now exercise freely, walking miles with perfect comfort. Two of my cases were abroad during the past season in Europe, and were able to walk any distance with ease. In one of them, both feet had been operated upon simultaneously in the previous January, and while abroad, and since, the patient was able to walk about without discomfort, and was entirely free from the pain from which she had suf-



ferred for so many years, and from a condition of semi-invalidism she has been restored to complete health.\* Figs. 6 and 7 show the appearance of the feet three years after the operation. To external appearance the joint shows hardly any prominence—in fact, the inner edge of the foot appears unusually straight. The patient wears a full-size smaller shoe than before the operation, and has no pain or discomfort. The shortening of the great toe is very apparent. Figs. 8 and 9 are radiographs of

FIG. 8.



FIG. 9.



Radiographs of feet, shown in Figs. 6 and 7, made three years after operation.

the same case taken within the past few weeks. It shows that the first two metatarsal bones are still wide apart, but that the exostoses and the enlarged heads of the first metatarsals are gone. Possibly, clipping away the outer tip of the base of the first phalanx might have narrowed the foot, but it might have been followed by more or less ankylosis, and as the object of the operation is to relieve suffering and not cosmetic, such a procedure would seem inadvisable.

\* This paper was written and read two years ago but never published, and is now brought up-to-date.

FOUR LAWS TO BE OBSERVED IN THE SCIENTIFIC APPLICATION OF  
THE HOMŒOPATHIC MATERIA MEDICA.

(Read, by invitation, before The Homœopathic Medical Society of the County of New York.)

BY JOSEPH C. GUERNSEY, A.M., M.D., PHILADELPHIA.

THE Homœopathic Materia Medica can be claimed as the most beneficent boon bestowed upon the Healing Art in the world's history. With it, the physician wields a weapon of warfare against sickness and suffering as potent as is the sun upon snow. Its application requires skill to ensure success and I believe, as did our forebears, that *Hahnemann's Organon* contains the principles we must observe and obey to attain the best results.

In the days of our early education we learned from *Day's Art of Composition* that in writing an essay four fundamental Laws must be observed: I. THE LAW OF UNITY; II. THE LAW OF SELECTION; III. THE LAW OF METHOD; IV. THE LAW OF COMPLETENESS.

These laws may be aptly applied to the use of the Materia Medica.

I. THE LAW OF UNITY requires that "only one simple medicine be administered at a time." *Hahnemann's Organon*, § 272.

1. Among the many objections to the giving of more than one drug at a time—i. e. the alternating of remedies, is this:

Alternation of remedies = x.

When we studied Algebra no fact was more deeply indented upon our memories than that  $x$  = the unknown term or unknown quantity.

Chemistry is a far reaching, deeply penetrating, very largely unknown (= x) Science.

When a doctor gives two or three, or four or more, drugs in alternation, what medicament is he actually administering? Does he know—nay, *can* he know what chemical product results from the combination of drugs which, acted upon by various influences in the internal economy, may produce a

new chemical agent of whose action he knows nothing because it = x?

2. A cure may be seriously retarded or even hopelessly bungled through the internal action of these different drugs proving inimical or antidotal,—in the words of the *Organon*, § 274 “We . . . remain . . . ignorant . . . as to the manner in which two medicinal substances, mixed together, might oppose and modify each other reciprocally in their effects.”

The argument that, in many cases, alternation of remedies has apparently been unattended by ill effects, avails nothing. The fact remains that bad results have occurred, do occur and are liable to recur at any time from the mixing of remedies.

3. In alternation of remedies we make no progress in our knowledge of the *materia medica*. When several remedies are given simultaneously who can tell which one of them or what chemical compound (formed as stated above 1.) exercised a curative influence! It was in the beginning (of Homœopathy), is now, and ever shall be, uncertain and *unknowable*.

4. The alternation of remedies causes careless and, consequently, incompetent prescribing. It is a practice that every Homœopathic *Materia Medicist* regards as an abject confession of ignorance, indolence and incompetence!

The physician who alternates, does not study his *materia medica* carefully and sift out the points of difference in remedies which have, in many respects, similar lines of action.

For example let us consider Aconite and Bryonia.—Perhaps no two remedies are more foolishly alternated. They have many symptoms in common and in some cases it may require time and care to decide between them.

It is, however, better for the patient that we take this time and it is more satisfactory to the honest physician to skillfully untangle the threads of similarity until the preponderance of one or the other decides in favor of its administration, because if either remedy *is* indicated, the other is *not*.

An Aconite patient is fearful, anxious, and so restless as to be in constant motion because the motion relieves him; holding an Aconite patient perfectly still, so intensifies his sufferings that he struggles to resume his motion. How different from the quiet Bryonia patient. Every motion aggravates his suffer-



ings so much that he would thank you for holding him still. Instead of being restless and anxious, he is silent and depressed.

Under Aconite we see an anxious expression on the face and the face is pale; under Bryonia we see a red or bluish-red face; mouth, tongue and lips dry and cracked as if burned and constant chewing of the mouth.

Aconite has unquenchable thirst, continually wants water which seems to relieve the mental anxiety. Bryonia has thirst for huge drinks of cold water, will eagerly put out the hand for a large tumbler-full and drink it all down, feeling relieved for a time; it even relieves the desire to vomit.

Bryonia vomits solid food only, but not drink; this vomiting of Bryonia is very characteristic, the food not coming up all at once, but only a mouthful at a time. Aconite vomits everything and in great quantity; the water drunk coming up forcibly, as though pumped out.

Bryonia has excessive tenderness on pressure over the stomach and abdomen, shows much more "exquisite" tenderness than Aconite.

The constipation of Bryonia is very marked, the stools being dark, dry, hard, look as if burnt and very large in size; in Aconite, when there is constipation, the stools are clay colored.

Aconite urine is as a rule, infrequent and scanty, coming drop by drop, scalding hot, dark red; under Bryonia it is frequent and scanty, dark colored or brown like beer.

The menstrual differentiation is highly marked. Aconite is too late, too scanty, lasts too long, blood bright, *may be accompanied* by nose bleed; Bryonia is too early, too profuse, blood dark or brown; nose bleed *instead* of menstruation.

Cough under Aconite is worse from lying on either side but is relieved by lying on the back; under Bryonia the patient must spring up into a sitting posture soon as the cough comes.

The Aconite patient is usually *worse* lying on the painful side, while the Bryonia patient is *better* lying on the painful side.

Aconite is worse and Bryonia better: When standing erect; after lying down; in bed; from warmth of the bed.

Aconite is better and Bryonia worse after rising from bed;

from washing or wetting the affected part; when walking in the open air.

And finally, Aconite complaints are more frequently found on the left side, and in dark haired persons; Bryonia attacks the right side and light haired people.

Incomplete though the above contrast is, it shows the principle of differentiation which we must apply to discover the most similar, *single* remedy to administer in a case of sickness.

II. THE LAW OF SELECTION requires that only such a remedy be selected as most nearly corresponds to the totality of the presenting symptoms. *Hahnemann's Organon* § 6 "For the physician the totality of the symptoms alone constitutes the disease" and § 18 "The totality of the symptoms is the sole indication in the choice of the remedy"; also § 153 "In searching after a homœopathic specific remedy . . . . we ought to be particularly and almost exclusively attentive to the symptoms that are *striking, singular, extraordinary, and peculiar\** (characteristic) *for it is to these latter that similar symptoms, from among those created by the medicine, ought to correspond.*"

To the homœopathic physician the above statements are self evident. He recognizes and acknowledges the value of symptoms (especially the *Characteristic* or key notes) because he knows that symptoms = remedy; remedy = cure, thus confirming § 14 that "there is no curable malady, nor any invisible morbid change, in the interior of man, which admits of cure, that is not made known by morbid indications or symptoms."

The Science of Pathology has been decried by many in our School, as tending to detract from a strict application of the law *similia similibus curantur*. As a matter of fact, the reverse is true as was admirably stated, in confirmation of the value of the totality of the symptoms, by our beloved confrere, Carroll Dunham, in his Presidential Address to the World's Homœopathic Convention.† "So it appears that modern pathology, which has been assumed to stand in direct opposition to the doctrine that for the prescriber the totality of the symptoms represents the disease he is to remove, is really the pre-

\* *I. e.*, KEY NOTES.

† Transactions of the World's Homœopathic Convention, 1876, Vol. I, P. 46.

scriber's most efficient and indispensable instrument and aid in getting at that very totality of symptoms which he is to remove by a corresponding drug. Used in this way, as an aid in the methodical investigation of the symptoms, both of disease and of remedies, pathology, imperfect as it is, is of inestimable value to the homœopathist."

Finally, under the Law of Selection, come § 264-5-6 &c "the choice of the purest and most energetic medicines. A skilful physician will never rely on the curative virtues of medicines unless he has procured them in the *most pure and perfect state*." The quality of the medicines we dispense is all important because the success of homœopathic prescribing depends upon their *vis medicatrix*. Medicinal purity and perfection so fully deserve and demand our consideration, that the Homœopathic pharmacist who prepares, preserves, and presents for sale medicines "in the *most pure and perfect state*," is the one to command our custom. Such a pharmacist may well exclaim, "Come unto me all ye who desire medicines in a pure and perfect state and I will give them to you; for my drugs are pure and their action is sure."

Coincident with and as a natural sequence to the selection of the remedy and the energy (purity) of the medicine employed, comes the question of POTENCY. Oh for a solution of this *quaestio vexata*! Numbers of you use low potencies and, *per contra*, numbers of us use high potencies, each party claiming superior results. In a foot note to § 249 "All experience teaches us, that scarcely any homœopathic medicine can be prepared in too minute a dose to produce perceptible benefit in a disease to which it is adapted." § 278 "The question that now suggests itself is, to discover what may be the degree of minuteness of the dose best calculated to render the salutary effects intended to be produced. . . . It may be readily conceived that no theoretical conjecture will furnish an answer to this problem. . . . It is by pure experiments only, and precise observations that this object can be obtained."

These wise words are worthy our consideration and I hope that, sometime, a scientific investigation conducted "by pure experiments only and precise observations" can clear away all doubt as to Potency.

Perhaps the key to the mystery is § 283 "The true physician



will only administer a homœopathic remedy in the precise dose necessary to exceed and destroy the disease to which it is opposed."

Here again I call to mind words of Dr. Carroll Dunham, which may yet prove prophetic.

\* "I do not despair of seeing before many years, from some old school authority or some non-medical investigator, a demonstration of the medicinal powers of homœopathic potencies; and I warn such of my colleagues as have been influenced by the arguments of our opponents, against the chagrin they will feel when they shall be outflanked on this point; when to unbelieving homœopathists shall be presented, by experimenting allopaths, a demonstration of the drug-power inherent in homœopathic attenuations."

III. THE LAW OF METHOD requires A the administration of remedies in the order of their contiguity or nearness, in a uniform direction, in their due order and proper sequence; B that the succession of time of repetition be strictly observed, a dose to be repeated only when the effect of the previous dose has exhausted itself; c that the *most similar* remedies be administered first: if more remedies be necessary to complete the cure of a case those that are less similar may be exhibited later, especially if re-enforced by one or more characteristic or "key note" symptoms. In *Hering's Guiding Symptoms* we find under "Drug Relationship" six divisions: Antidotal, Colateral, Compatible, Complementary, Inimical, Similar.

By "Compatible" is meant drugs following well; "Complementary," supplying what another drug lacks; "Inimical" drugs those which disagree, do not follow well.

A By administering remedies in their due order and proper sequence, in other words using those that are compatible or complementary to each other, is a point in the application of our *Materia Medica* which I fear we have woefully neglected. There are certain remedies which not only follow each other well (compatible) but are actually complementary to each other, so much so indeed, that many a case is never wholly cured, as is testified to by sequelæ, because the remedies have not been

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\* Transactions of the World's Homœopathic Convention, 1876, Vol. I, pp. 47 & 48.

administered in a methodical manner, in their proper sequence. When a remedy has done all it can, the following one must be able to continue the work where the first ceased, a remedy that will pick up the work where the first one left off, and successfully carry on the work of cure. In illustration of this point we may briefly quote from that excellent and practical book *The Homœopathic Therapeutics of Diarrhœa* by Dr. James B. Bell.

At the conclusion of *Aconite* Dr. Bell says—"It closely resembles *Dulc.* and is followed well by that drug." At the conclusion of *Carbo veg.* he says—"After it are frequently suitable *Ars.*, *Chin.*, *Merc. Sol.*, or *Psor.*" He concludes *Chamomilla* by saying, "*Cham.* is often unable to complete the cure alone, requiring to be followed by *Merc. Sol.* or *Sulph.*" After describing the symptoms of *Colocynth* he remarks—"Sometimes in dysentery, with much tenesmus, *Merc.* is needed afterward." Concerning *Kali bichromicum* he states—"After *Canth.* has removed stools like scrapings, jelly-like stools will sometimes appear. *Kali bich.* will then complete the cure." Concerning *Magnesia carb.* he states—"It follows *Rheum* well, and is often required after that remedy to complete the cure." He concludes *Phosphorus* with the words—"It is often well to give a single dose of a high potency of *Nux* a few hours before beginning with *Phos.*, particularly in cases coming from Allopathic treatment." Of *Rumex Crispus* he writes—"It has also proved useful where *Sulph.* seemed indicated but did not cure."

B We are not giving drugs in their proper sequence, in a methodical manner, if during a case of illness we administer those which are inimical or antidotal to each other. It seems unnecessary to enlarge upon this point. The Allopathic School takes due cognizance of "drug incompatibility," recognizing the subject as of deep importance. If the knowledge of incompatibility be of value to them of how much more value is it to us!

As illustrations of this point we know that *Apis* and *Rhus* do not follow each other well; that *Mercurius* should not be given before or after *Silicea*; that *Causticum* and *Phosphorus* should not succeed each other without a dose of *Nux* as an intercurrent; that *Sulphur* should intervene between *Apis* and *Rhus*. *Lachesis* does not follow *Sepia* well.

Where several remedies are needed to accomplish a cure, each remedy must harmonize as accurately with its predecessor as one link of a chain fits into the one before it, always avoiding an incompatible or antidotal remedy as carefully as a mechanic rejects a link not fitted to fasten securely into the one before it. It is possible in a case of illness when one remedy has done its work and a successor is necessary, that the similitum may be inimical or antidotal to the one to be supplanted. In such a case I would give a remedy, which, though less similar, is compatible or, better still, complementary. In Bonninghausen's Repertory and in the Repertory to Hering's Guiding Symptoms can be found much information as to drug relationship.

IV. THE LAW OF COMPLETENESS demands our most profound consideration, and is confirmed by § 245 of the Organon in these words: "*Both in acute and chronic diseases, every perceptible amelioration that takes place making continual progress, though of ever so feeble a nature, is a state which, as long as it endures, formally forbids the repetition of any medicine whatever, because the one already taken by the patient has not yet produced all the good that may result from it.*"

In a foot note to § 246 "I have recommended that a single dose of a well chosen homœopathic remedy be permitted to *complete* its operation, before a repetition of the same, or an administration of another remedy."

Also in § 248 "The dose of the same medicine should be repeated until a cure is effected, or until it ceases any longer to afford relief; in the latter alternative, the remnant of the disease, with its altered group of symptoms, will require another homœopathic remedy."\*

*Be it remembered*, however, that often times it is not the drug but the *potency* which should be changed. Evidence to support this point is overwhelming and incontrovertible. Many and many a time has the end sought for been attained by raising the potency from the third or the sixth, to the thirtieth; from the thirtieth to the two hundredth or the two hundredth to the thousandth and perhaps higher yet. Con-

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\* Which should not be inimical or antidotal to the preceding remedy.—J. C. Guernsey.



versely, too, satisfactory results are often attained by holding on to the remedy, but giving it in a lower potency. It is a good rule to change a potency sooner than a well selected drug.

The principle of the Law of Completeness was forcibly illustrated by one of the masters of both our materia medica and its application, Dr. Henry N. Guernsey. In his lectures on materia medica I have frequently heard him caution his students against the change of a remedy: "Gentlemen," he would say, "any one can find the similimum; but it often requires the wisdom of a God to know when to continue to hold on to that remedy, or to change it." It certainly does require a thorough, practical and familiar knowledge of our materia medica to know *just when* a remedy has completed its work. The mechanic knows exactly when to change one tool for another, but who shall tell the physician "*when to continue to hold on to his remedy and when to change it!*" Who shall tell? *Experientia docet.* Only the homœopathic physician who is learned in his materia medica both in its symptomatology and its "drug relationship," who has had ample experience in the treatment of the sick and the administration of remedies can tell when to hold on and when to change.

I have made many quotations from *Hahnemann's Organon* in support of the four Laws which in my judgment underpin the science of Homœopathic prescribing. Our forefathers had nothing more to guide them than Hahnemann's *ipse dixit* and those enthusiastic and loyal pioneers accepted his *dictum*. "By their fruits ye shall know them," and by the "fruits" of our pioneers, Homœopathy was established in the world and was enblazoned upon its scroll of history.

We of today have abounding authority and warrant for our belief and practice, because while our forebears had the word of only one man we have the accumulated evidence of hundreds upon hundreds who testify "we have proved Hahnemann's theories and have found them true." You of New York have been singularly favored in hosts of disciples, true and tried, who insisiently, consistently and persistently have staked their reputation and their very means of livelihood upon the truth of Homœopathy, by prescribing in accordance with its tenets. Among all of these your own Carroll Dunham, P.

P. Wells, and T. F. Allen stand out pre-eminent. I refer to these three in particular because I personally knew them well. The name and fame of such men, the achievements they accomplished and their devotion to the cause they espoused, never die.

In the beginning of this paper I referred to our *Materia Medica* as "the most beneficent boon" ever vouchsafed to the healing art. I now reiterate that assertion. If we have not found it such, it is because we have failed to apply it. It is because we have not studied it enough. It is because we have not become familiar with the symptoms of each drug and its relations with other drugs. It is because we have not cultivated the fair fields of our inheritance, but have permitted weeds to spring up and flourish where we should have allowed only fragrant flowers. In other words, we have stooped to palliative drugs and routine treatment instead of digging and delving for the Homœopathic remedy in accordance with the law of *Similia Similibus Curantur*.

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#### AN ADDRESS ON THE MOVEMENT TO RE-PROVE THE HOMŒOPATHIC MATERIA MEDICA.

(Delivered at the Annual Dinner of the Western New York Homœopathic Medical Society at Rochester, N. Y., April 17, 1903.)

BY HOWARD P. BELLOWS, M.D., BOSTON, MASS.

*Mr. Toastmaster, Ladies and Gentlemen :*

IT gives me very great pleasure to be here with you this evening. A variety of elements enter into and contribute to the fulness of this pleasure. As a loyal son of Cornell I am glad at heart whenever, for any reason, I find myself again in western New York. It is the country of my alma mater, set apart and cherished in my memory as the scene of, perhaps, the happiest years of my life. Here I find myself again among the same hospitable people who opened to me their hearts and their homes during my student days, when I felt myself to be "a sojourner in a strange land;" and the grasp of the hand in Rochester is the same hand-grasp that was given me in Ithaca years ago. Here, too, I find myself with old friends and good

friends, my professional colleagues, with whom it is a satisfaction and a delight to pick up the threads of former association and mutual interest and to knit them closer. And here are, I trust, new friends sitting about me, met to-day for the first time, whose faces are new, but many of whose names were already familiar; and these new friends I hope to meet again and come to know more intimately in Boston, two months hence, where they will be most heartily welcomed at the meeting of our National Society. And last, but by no means least, is the pleasure of meeting and knowing personally the little band of enthusiastic homœopathists here in your midst, who, in spite of serious obstacles and many discouragements, have organized themselves into the Rochester Proving Club, and have already accomplished faithful, painstaking and very efficient and valuable work in the cause of drug-proving.

It is upon this subject of drug-proving that I am expected to address you this evening, and, particularly, I am to speak of the concerted movement which has for its end the re-proving of our homœopathic materia medica. This movement originated in a widely-felt and frequently expressed discontent with the present condition of our materia medica. Do not misunderstand me here. It is not a discontent with our materia medica, but with its present condition to which I refer. It has long been recognized that it is full of inaccuracies, which have crept in partly through excess of zeal in some of its compilers, who had an eye rather to the quantity than to the quality of the symptoms which they admitted, failing to exercise a sufficient censorship upon the vagaries of over-imaginative provers, and partly through the lack of instruments of precision to aid in the examination of provers and in the proper attestation of the symptoms evolved, together with the lack of the technical knowledge and the trained observation of specialists to properly record and interpret these symptoms. Both instruments and specialists are the product of modern evolution in medical science, and were both alike unknown to the pioneers of our school, who laid the foundation of our materia medica, and to their enthusiastic successors, who built up the volumes upon our shelves. Expansion was the motive which impelled these men to accumulate the vast quantity of symptoms—good, bad and indifferent—which they



arranged in schematic form under the heading of each drug. Now we have become more critical. We find the very mass of the symptoms recorded to be a source of dismay to the student and a hindrance to the prescriber; and, in the practical test, we find some symptoms to be inaccurate and misleading. Condensation and the critical confirmation of symptoms, instead of expansion, is the actuating motive to-day among workers on our materia medica.

In undertaking to condense and confirm, however, insuperable obstacles have been encountered. The only scientific basis for the study of drug-action is a record, in the form of a narrative, which shows, from day to day, in orderly sequence, the prover's symptoms and experiences while taking the drug. These original narratives in many cases were not to be found. They had been separated into as many component parts as there were symptoms recorded, and these parts were used in compiling schematic records of drug-effects, in which the individual symptoms were divided, among different organs, and classified under various headings until a knowledge of the relationship, the grouping and the sequence of these symptoms was forever lost. Again, when original narratives were found they were, by no means, equally worthy of credence, and some were without any satisfactory vouchers. Together with this is the equivocal meaning of many symptoms which occur and their total inadequacy to express exact pathological conditions. This is not to be wondered at, because, in the majority of instances, they are the words of laymen endeavoring to express sensations without any definite knowledge of pathological states, while many have even the faculty of ordinary observation untrained. Moreover, these are, in almost all cases, the records of symptoms observed by the prover, whether layman or physician, upon his own person, and we know that even the trained observation and the educated mind of the physician is liable to be strangely warped and to go wholly astray in observing symptoms which occur in his own sick organism. The only satisfactory way out of the practical difficulty of separating the wheat from the chaff has seemed, therefore, to be a re-proving of our drugs, beginning with a clean sheet and a properly assayed drug, the purity and strength of which is a known quantity, and proceeding by orderly and scientific steps to the

development and observation and exact recording of all the effects which it is capable of producing upon the healthy organism. Especially was it desired by the specialists of our school, an increasingly large and important body of men, that a re-proving of our drugs should do vastly more than to verify old symptoms. It was desired and believed to be possible, through the routine examination of provers by specialists in all the various branches of medicine, using all the modern instruments of precision to quicken their power of observation and lead them to an exact and definite knowledge of every minute disturbance, whether objective or subjective, that there would be built up an exact symptomatology for specialists' use which our present materia medica nowhere presents. It was this desire and belief which prompted the address upon the subject which was presented from a specialist's standpoint to the American Ophthalmological, Otological and Laryngological Society, at its meeting in Washington in 1900; and it was the quick and hearty response in the minds of the members there gathered which set the movement immediately upon a practical footing, under the society's own auspices and the direction of the writer of the address, and inaugurated thus a test drug-proving of a single selected remedy which should demonstrate, once for all, whether the method advocated was capable of yielding the results desired or not.

In this method of drug-proving, some features are old and well tested in the past and some are wholly new. The general scheme may be stated as follows: The conduct of the proving no longer rests in the hands of a single physician, but is the work of a body or board of physicians organized expressly for this purpose, and consisting of a director with one or two associates, these usually being general practitioners, and a specialist in diseases of the mind and nervous-system, eye, ear, nose and throat, chest, genito-urinary system and skin, together with a physiologist, an analyst and a bacteriologist,—twelve or thirteen physicians in all. After the organization of this board comes the selection of the provers, male or female, each being chosen with special reference to a sound and healthy constitution and freedom from habits of stimulation or excess of any kind, which might tend to influence or in a way modify the action of the selected drug upon the system. After being subjected to the

general examination of the director of the proving, each prover then undergoes a separate and careful examination by all of the specialists upon the proving-board, with special reference to the existence of abnormalities or idiosyncrasies, either organic or functional, in the various portions of the system which are to be under each man's special scrutiny, any such irregularities being accurately recorded, so that they may be taken into account when the final estimate and summary of drug-effects is made.

The urine is also carefully tested as a preliminary measure and the records preserved for comparison with subsequent analyses, and the blood receives similar attention, while physiological tests determine the bodily weight, condition of respiration, the character of the pulse through sphygmographic tracings, and the acuteness of the special senses—touch, taste and smell. As an important part of the preparation, the prover receives specific instruction from the director in regard to his diet and general habits of living during the continuance of the proving. Then the real work of proving begins—the name and nature of the drug used being unknown to anybody but the one man who directs the proving in each locality. This drug must be tested by preliminary analysis, the one we are now using having been subjected to a thorough assay by Prof. Scoville of the Massachusetts College of Pharmacy, its purity established beyond question, and its exact alkaloidal strength determined. As a control-test of the imagination of the prover, an inert compound which resembles the tincture used so closely as to baffle detection by ordinary means is used for a time, while the prover supposes himself to be taking the veritable drug, and the time when the administration of the real drug begins is unknown alike to the prover and to the special examiners who are watching his condition. Now come in the more distinctive features of our method. The prover presents himself daily to the director during the continuance of the proving and submits to him a pass-book, of convenient size for the pocket, in which he has jotted all the symptoms which he has noted since the previous day. The director proceeds to question him about these symptoms, just as a physician questions a sick patient, and thus passes upon the validity of these symptoms and adds to them all further information which



he can elicit by skilful interrogation. Should any symptoms be of a special nature the prover is referred to the particular specialist concerned, with the symptom which is to be verified written upon a slip of paper, in order that the specialist may not only corroborate it but may search for *objective symptoms* of the drug's action in the direction indicated. The director each day, at the time of the prover's visit, arranges the dosage for the succeeding day, and thus can apportion it strictly in accordance with the prover's known susceptibility and actual condition day by day, obtaining thus the most pronounced effects of the drug by a gradual increase with perfect safety—withholding the real medicine altogether or reducing the dose, at any time, if its action becomes excessive, and keeping as closely in touch with the prover as with a patient who is sick and under treatment. Meanwhile, in addition to the daily visit to the director, the prover visits all the special examiners at stated intervals for routine examinations, in which all subjective and objective symptoms alike which are observed in the special sphere are recorded. This, perhaps, is the most distinctive feature of the method, its greatest departure from previous provings and its highest claim to recognition; and when faithfully carried out has yielded the most important symptoms which we have obtained and those which are of the most direct and practical application in the practice of the specialities. Conditions of great importance, which had entirely escaped the notice of the director and even of the prover himself, have thus been brought to light and recorded by the special examiners. In this our test-proving presents its leading characteristic. This mode of procedure through the routine examination by the special examiners gives a prominence and importance, which it has never before possessed, to what may be called the *negative side* of drug-proving. We have hitherto assumed in studying the recorded action of any drug that many other positive effects might be possible besides those already observed, and that the omission of any particular symptom, which we may almost expect to find present in association with those recorded, may be due to carelessness or lack of opportunity to observe—that it might even have been present, but was not mentioned. We lay some weight upon such absence of the symptom in choosing the remedy to apply to a given case, but

we do not attach the same importance to the absence that we do to the presence of related symptoms. By this method, however, the authoritative statement, after examination, that a certain symptom in a related group is absent makes this negative observation just as important as the positive in determining our choice of remedies for therapeutical application, and greatly aids in their differentiation. It makes the whole picture of the drug-pathogenesis sharper and stronger in its authorative lines than ever before, the shadows, as well as the lights, assuming their proper relative position and importance.

In order to carry out this portion of the scheme, to secure uniformity of procedure and the possibility of the subsequent collation of results, it became necessary to devise a series of blank examiners' forms which could be filled in by each examiner and afterwards readily compared. The labor which this involved will be appreciated when I state that the set of blank forms provided for each prover consists of twelve separately bound fascicles and contains 108 printed pages, besides the blank sheets interleaved. Eighteen thousand sheets of paper were used in the preparation of these forms. These, when properly filled in, exhibit in the most concise manner the results of the preliminary examination of the prover by each examiner, the record of the stated routine examinations during the continuance of the proving, and the findings in a final examination at its conclusion. Each specialist is asked to summarize the effects of the drug which have come under his observation in the proper place at the end of the fascicle, and all is complete.

At the conclusion of the tests the director gathers together all of these various forms, prepares a report of the proving as a whole in the form of a narrative or diary, which exhibits the findings of the special examiners from day to day, as well as his own, and the whole is passed to the hands of the general director. Then comes the work of collating all these reports from different cities and publishing the results, in book form, so analyzed and compared and condensed that they will be available for study and for practical use to the general practitioner and specialist alike. This publication rounds out and completes the work as a whole, and upon this the medical world will pass its judgment.

As a side light upon the pathogenetic power of the drug, and at the same time as a test to determine the value of information thus acquired as bearing upon pathological conditions of the human organism, a series of experiments has been conducted with the utmost care and thoroughness to demonstrate the effects of the drug upon animal tissues. This work has been done in the pathological laboratory of the Insane Hospital at Westboro, Mass., by Dr. Solomon C. Fuller, the pathologist of the institution, and has occupied much of his spare time for a year past. A preliminary report received from him this week is full of interest and the promise of important results. Several hundred mounted and stained slides have been prepared and await his study and comparison before final conclusions can be reached. Should any of these exhibit points of sufficient scientific value, they will be reproduced by microphotography and used in illustrating his report, as published in our forthcoming volume. This will appear as an important adjunct of our proving, but will be kept distinct from the results of the drug-action as developed in the human organism.

So much for the general plan and purpose of the test drug-proving which our O. O. and L. Society is this year carrying through to completion. Now a few words in regard to the manner in which the work has been conducted as a whole. The plan of organization which was successfully followed was the appointment of a single general director of the proving and of thirteen committees to inaugurate the work, these consisting of members of the society who were resident in New York, Brooklyn, Chicago, Philadelphia, St. Louis, Boston, Baltimore, Cincinnati, Buffalo, Cleveland, Detroit, Washington and San Francisco. It was the province of these committees to choose in each locality a man, whom they considered best fitted to carry on the work, as a local director, gain his consent and bring him into communication with the general director, and afterwards to use their influence to forward the movement and maintain interest in the work of the proving in every way within their power. The local director thus chosen received further instructions directly from the general director, and was authorized to select and appoint his own board and perfect their organization for work. The next step was to raise funds to defray the expenses of the proving, for it was considered



essential to the best success of the plan that the provers should receive pay for their services, since their time for about three weeks would be almost wholly required for their visits to the various examiners, and, without a sense of both obligation and compensation on their part, few provers would carry the work through to the end. All services of directors and examiners have been gratuitous, and funds to pay the general expenses of the proving, such as the printing of the examiners' forms (which was done by the mimeograph process), the purchase of the paper which they required, the cost of the tincture used, and items of expressage, etc., were met by a contribution of \$50 by the editors of the homœopathic *Eye, Ear and Throat Journal*, and an appropriation of \$300, voted from its treasury, by the American Institute of Homœopathy. This left every dollar which could be raised by the local boards available for use by them in paying their own local expenses.

Two different methods were pursued by these boards in raising funds. The first was inaugurated here in New York State, where the State Society was asked to contribute from its treasury, and, subsequently, local societies were appealed to for the same purpose. The response was immediate and generous. Your State Society was the first to pass a vote to co-operate in the movement, and added an appropriation of \$200 toward expenses incurred in this State. The first individual to contribute to the same end was Dr. R. A. Adams, of Rochester, who voluntarily added \$50 to the fund. Subsequently, the Kings County and other societies increased the amount available in New York State. The second plan of raising funds was inaugurated in Massachusetts, where a direct appeal was made by a circular letter through the mails to the membership of our three leading societies, asking our colleagues to contribute as individuals. This also received a prompt and generous response, and some physicians added money contributed by patients, to whom they had spoken of the proposed work. By one or the other of these two methods money has been raised by all our boards; and thus far the expense, as well as the labor of the movement to improve our materia medica, has been almost wholly born by physicians themselves.

And now what has been accomplished, and what is the present status of this movement? Here, in Rochester, in spite of

the absence of a college with its laboratories, your board has completed four provings which, in quality and value, will, probably, prove equal to any which have been made, and may be superior to all. This is deserving of the highest praise, for your board was one of the last to organize and was handicapped from the first by the absence of facilities which would have been thought indispensable by less determined and enthusiastic workers. The Brooklyn men, who were the first to organize, and in many ways were the pioneers of the movement, have completed four provings, and the board in New York has finished five more. The lack of time prevents me from presenting to you a summary of the results which they obtained. The work of the Buffalo board lies still in the future, but of that I have not yet abandoned hope. Chicago is actively at work at the present time, and has been for some weeks past. Philadelphia has completed its work and sent me the results of two provings. St. Louis commenced actual work in January of this year, and has not yet brought it to completion. Boston has finished eleven provings. Baltimore is probably engaged at the present time upon two. Cleveland completed three provings last year, and is now carrying through a second series. Detroit is trying to organize and begin work at as early a date as possible, as only two months remain before all must be completed. Much activity has been shown in Iowa City where the dean, Dr. George Royal, has felt great interest in the work and has been enthusiastically supported by the students. Certain college exercises were suspended for the requisite time in order to give the students an opportunity to properly carry out the work. A series of seven provings were completed by them last year, and six more have recently been added. It is the expectation, therefore, that at least fifty completed provings by the various boards will appear in the book which is about to be published.

In conclusion, it is my belief that this test-proving will amply demonstrate the practical value of the method adopted, and, in the immediate future, will prove a stepping-stone to vastly more important and far-reaching results than we, groping out the way in our inexperience, have been able to accomplish.

## A CLINICAL DEMONSTRATION OF THE AUSPICIOUS EFFECTS OF SOME MEDICINES.

BY O. S. HAINES, M.D., PHILADELPHIA.

(Given before the Philadelphia Medical and Surgical Society.)

My humble offering of these therapeutic crumbs to this distinguished company, so accustomed to a monthly feast of brilliant and noteworthy addresses, may seem sadly out of place. Yet I have sometimes wondered whether my friends, the specialists, did not have deeply buried among their unspeakable thoughts a half-formed conviction that, after all, the general practitioner does really very little, in a therapeutic way, with his internal medicaments. And such a conviction might be justified, if one mentally reviews the numerous occasions upon which the general practitioner must ask for the assistance of the special skill of his friend, in order that the best interests of the patient shall be preserved. It has been said of the general practitioner that his principal occupation is in watching self-limited affections get well. Yes, that is one of the things that he does. When the night is darkest, when the tempest is highest, when the fury of delirium is greatest, when the waves of febrile excitement threatens to overwhelm the frail bark, when everyone is panic-stricken, when mothers pray to Heaven for succor and children are crying in terror, when the fog of doubt and uncertainty is so dense that one cannot see a hand's breadth into the future, then it is that the general practitioner—the old family-doctor—may be seen at the helm, his firm hand steering, his calm voice quieting, his steady eye on the lookout for rocks and for shoals. He cannot say unto the tempest: "Peace, be still!" for he is not a Great Physician; he is only the pilot. And often, when hope has almost vanished and the victory of death seems near at hand, he brings the bark to a safe harbor and throttles death almost at the brink of the grave. Yes, he watches self-limited diseases get well,—and this is how he does it. But the general practitioner does a great many other things; and his tasks are so numerous and of such a diverse character that versatility soon becomes a necessary part of his



mental equipment. And when it comes to the selection of his medicines for the sick and ailing, he sometimes finds it difficult to adhere closely to any one therapeutic law or method of drug-selection. He sometimes has to prescribe his remedies in such a way as to obtain their physiological effects, because, in this way, he may be better enabled to palliate suffering. He sometimes must obtain the purely chemical or mechanical effects of drugs. But, if he is a wise man, he will always remember that when it is the *curative* power of a drug that is sought, the law of *similia* is the shortest and surest path to such knowledge.

*Chronic Diffuse Nephritis.*—Let me ask you to observe the case of this German, aged 33 years, who was admitted for treatment (Hahnemann hospital) on the 5th of November, 1902. The diagnosis, that is, the nosological diagnosis, was easy, because our attention was at once attracted to the kidneys, as the probable seat of his disease, by the presence of a large dropsical accumulation within the abdominal cavity, by marked œdema of the lower extremities, and by a certain anæmic pallor, which you have all learned to associate with kidney mischief of a chronic sort. His urine was rich in albumin, showed a large number of granular casts and the other characteristics of this variety of Bright's. How was it in regard to the *therapeutic* diagnosis in such a case? Alas! it is more difficult to determine what will cure or ameliorate a chronic nephritis than it is to determine its existence. The man who can make the correct therapeutic diagnosis is fit to stand shoulder to shoulder with the diagnostic expert of the modern laboratory. One has to approach the therapeutic diagnosis from a somewhat different point of view. Symptoms must be studied, but especially with a view of establishing their relative importance in the case. This man presented one group of symptoms that, to his mind, overweighed in importance all the other clinical showings, including the dropsy and the albuminuria. Because the group about to be mentioned caused the patient much physical distress, and much pain and loss of sleep. This group of special symptoms consisted of renal dyspnœa and nightly exacerbations of orthopnœa. He could not lie in bed. He must rise and spend the latter portion of each night upon a chair. About midnight the anguish was so intense that he must rise and walk. Restless anxiety and

dread of suffocation. You might say, with reason, that this dyspnœa had its origin in a mechanical pressure exerted upon the diaphragm by the fluid within the abdominal cavity, aggravated by the recumbent posture assumed at night. Let us see whether this theory is tenable.

We selected for the relief of the prominent and characteristic symptoms of this case *arsenicum album*, in the 6th decimal dilution. Within a few days he noticed some slight improvement, but not enough to afford him the much needed rest. Then we gave him arsenicum, 30th dilution. This preparation relieved his dyspnœa entirely and allowed him to lie down and sleep, a thing that he had not been able to do for a long time. We could observe no change in the ascites, however. Now, as the pressure was there as before, if we still hold to the mechanical theory of the production of the dyspnœa, we must, at the same time, admit that arsenicum, in dosage quite reduced, possesses the power of relieving a symptom of serious character dependent upon a mechanical cause constantly acting. Leaving out of the question all arguments of a theoretical nature, we have left the fact that we were able to permanently relieve so serious a symptom as renal dyspnœa dependent, possibly, upon the insufficiency of those organs, combined with a mechanical pressure. Upon such results as this, one may judge of the merits of a therapeutic system that will permit one of mediocre talents to select so efficient a medicament. Such a prescription is based solely upon pathogenesis, and the general practitioner makes many such prescriptions. Now we approach a predicament. I have sometimes seen arsenicum remove an ascitic accumulation, as well as a renal dyspnœa, but not invariably is this accomplished. In the instance before you, we may say that arsenicum did not, after a fair trial, influence to any degree the effusion within the abdomen nor the œdema. We must recollect that this man had been tapped twice for ascites during June, 1902. The fluid rapidly reaccumulated. He was, later on, tapped the third time with the same result. I decided to prescribe another remedy, believing that we possess two or three drugs that we may consider dependable under such circumstances. I do not mean to say that these two or three drugs are superior to the mechanical withdrawal of the fluid under all cir-

cumstances. I would not even assert that they are to be generally preferred. But, when such a dropsy rapidly recurs after its withdrawal, we believe we should, at least, test these remedies as to their power of preventing such a reaccumulation. I chose for him the *apocyanum cannabinum*. It has been stated that renal dropsies are particularly liable to be favorably affected by the *apocyanum cannabinum*. I really believe that, were it not for the unfortunate promptness with which nausea and gastric irritation generally appear, after the administration of tincture of *apocyanum*, we should be able to control, to a large extent, many dropsies due to renal and cardiac diseases. The remedy has a decided selective affinity for the kidneys, manifesting its action upon these organs very promptly. In making the homœopathic tincture, the whole plant should probably be used, but I doubt whether more than the root is used by most pharmacists.

I would not be surprised if you asked me whether I would claim that the effects which we have obtained in this case were due to its homœopathic action. Indeed, I do not know; but I believe that very often *apocyanum* does influence dropsies when it has been prescribed strictly in accordance with the pathogenetic indications of the remedy. I have frequently selected it for cases upon such well-understood indications as: "Great oppression, referable to the epigastrium, accompanied by a sense of sinking and faintness." "Gastric irritability, so that vomiting is frequent after food and drink." "Diarrhœa." "A feeble, irregular action of the heart, and a weak pulse with oppression and palpitation." "A scanty secretion of urine." And these cases have been cases of organic disease of heart or kidneys, or, indeed, sometimes of both these organs, accompanied by general dropsy. And I have seen that *apocyanum* in 1st dilution, or small doses of the tincture, had the power to increase the flow of the urine, to strengthen the action of the heart and to diminish the dropsical accumulations in the tissues. And it was upon such experiences as these that I determined to give *apocyanum* to this man. But, we must be fair, we cannot claim that this patient presented symptomatic indications, such as those that may be found in the provings of *apocyanum*, except that the secretion of the kidneys was scantier than it should be, and that he had a dropsy of the abdo-



men, clearly dependent upon a state of kidney irritation, which we describe as chronic diffuse nephritis. Now apocyanum, by its selective action, shows a preference for the kidneys, and it clearly acts as an irritant upon those organs. Therefore, it may be that we are applying the remedy upon the homœopathic principle after all. But I did not intend to do that. I had simply in my mind an intention of showing you that apocyanum *has* the power that is so often attributed to it, of so acting upon the kidneys as to produce a better flow of urine, and so to remove the dropsies dependent upon a scanty, imperfect action of those excretory organs. And this I am able to prove to you to-night. I will ask you to look and see for yourselves, that his abdomen is no longer swollen and tense, but flaccid. His ascitic accumulation has entirely disappeared, and, likewise, all the œdema of the lower extremities.

We obtained this splendid effect with practically a few drops of the remedy every few hours. A very noticeable peculiarity in this case was his tolerance of apocyanum. He did not show, at any time, the slightest evidence of gastric irritability. He ate well and had no nausea. So interesting was this to us that we, experimentally, rapidly increased the dosage of the remedy until we had been giving him as high as twenty-five drops of the remedy every two hours. The only visible effect of this large dose was to cause an increased appetite and a feeling of general well-being. I believe that this experience shows the necessity of bearing in mind individual tolerance of certain drugs during the progress of homœopathic provings. I do not believe that this man would make a good proving of apocyanum. And yet, how promptly he responded to the action of arsenicum 30th. Here is further food for thought, if you can read between the lines. (Six months have elapsed, the kidney state is much improved, no symptoms have returned and the man works.)

This last prescription was not made solely upon pathogenesis. We must admit the additional element of clinical experience, and personal faith in its efficacy, due to former experiences. This, again, is a method of prescribing which the general practitioner sometimes follows. Those who never have found such a method necessary are to be congratulated upon their fortunate experiences with disease.

*Diabetes Mellitus.*—Let us turn our attention to the next case, a woman, aged 50 years, quite stout and well-appearing. It was Matthew Arnold, I think, who said of poetry: “Its grand power is its interpretative power.” So it is with symptoms—their greatest power is interpretative. They are nature’s language, when the body is ill, by which we are told all that it is needful we should know. The general practitioner must be a man who can correctly understand the language of symptoms, and who can from them make certain deductions and from them draw profitable conclusions. And he does these things, as far as it may be possible, before he subjects his patient to any treatment. This woman consulted her physician simply because she was annoyed with a very troublesome *itching*. A pruritis which, beginning about the external genitals, soon developed into a pruritis universalis. And, for some reason or other, the previous treatment had not afforded her much relief. She felt tired and could not perform her household duties, because she lacked sleep. It was nothing unusual for her to sit up the entire night scratching her feet. A little questioning added to these symptoms the fact that she had sudden and frequent calls to urinate both by day and by night. She suffered from sudden determinations of blood to the head. I think you may observe the congestion of the superficial vessels upon her cheeks and *alæ nasi*. We might almost conclude from this clinical picture that our patient was suffering from that complex of abnormalities within her system which we term, for convenience, diabetes mellitus. Yet, it becomes our duty to determine the nosological diagnosis by more accurate methods than mere deduction. Her urine is of high specific gravity (1030), and it contains much sugar. Otherwise, we believe, she presents no physical signs. The experience of the general practitioner enables him to say of such a case: She belongs to that great class of diabetics which exhibit the symptoms and signs of that affection rather late in life and who are stout and well-looking, in contradistinction to the youthful, careworn-looking, emaciated diabetic with a hopeless outlook. She does not need an ironclad dietary or an expensive trip to the European spas nearly so much as she needs the simple homœopathic remedy. In this case we selected *sulphur* 30th. I wish to ask you to ascertain, from her, the fact that this simple medicament has per-

fectly relieved all her troublesome complaints so that she "feels" well. This is a prescription made upon pure pathogenesis. I feel almost inclined to assure you that, in such a case, sulphur has the power to prevent the excretion of sugar after she has taken it for a time. A number of such cases have shown us that we may reasonably expect such a result. It is essential to success, in such cases, that but few doses of sulphur be given, and only as required.

*Recurring Ascites of Uncertain Origin.*—The case that is now before us is one of peculiar interest. A man, aged 29 years; well, save the ordinary diseases incident to childhood, until one year ago. At that time he began to suffer from periodical attacks of nausea, vomiting and diarrhœa. There was no jaundice, however, nor other evidences of hepatic implication. He is a large man, for his size; in height, some 5 feet 7 inches, weighing, however, 350 pounds. His normal weight, in former years, was 195 pounds; but, during the past few years, he has gained in weight. He came to the hospital about the middle of September, 1902, with the history of having been suffering for about three weeks, before admission, with scanty urine, swelling of the feet and lower limbs, and enlargement of the abdomen. Examination shows the abdominal enlargement to be due to ascites. He also suffered severely from dyspnœa, nightly attacks of orthopnœa, and cough, with blood-streaked expectoration. His heart was displaced upwards, the liver was probably enlarged somewhat, and his maximum daily temperature was 99.6°. The girth of his abdomen was about 70 inches. Naturally, we suspected a kidney-lesion. None was found. His urine was scanty, but had a specific gravity of 1015 or 1018; contained neither albumin nor sugar; the solids were 3.50; there were no casts found after repeated examinations. Neither did he show a heart-lesion. It was almost impossible to outline the liver on account of the ascites. I ought to mention that he received, during his stay in the hospital, a number of remedies: Merc. dulc., apocyanum, apis, iodine, phos., bry., and others; but none of these produced any appreciable effects. The latter part of September he was tapped. Ten quarts of clear fluid were removed, affording him marked relief. He remained quite free from suffering until the last of November, when, again, his ascites began to show. He was



again admitted to the hospital the latter part of December, having been about almost a month. He was immediately tapped and 30 quarts of clear fluid were removed. The problems that confronted us were two: What lesion was responsible for his symptoms, and how could the recurrence of the ascites be prevented? The combined diagnostic skill of several mem-



Recurring ascites, of uncertain origin, in an obese man.

bers of our staff failed to discover the cause of his dropsy, after the most painstaking effort. The diagnosis in his case may be represented by the sign - ? The point to which I desire to direct particular attention is the fact that the administration of *laurocerasus tincture* was followed by several interesting phenomena. He seemed to feel a general beneficial action, so

that he stated "that this remedy made him feel generally better." The urine was markedly increased, changing abruptly from a daily excretion of 15 or 20 ounces to one of 90 ounces. The dropsical accumulation did not recur to any extent, and finally disappeared altogether. I should be inclined to regard this latter in the light of a coincidence had it not occurred, in my experience, once or twice previously. I, therefore, am inclined to think that this remedy, when given in water, 20 drops to half a glass, teaspoonful doses, has sometimes the power of preventing the return of such ascitic accumulations. It is a matter worthy of further investigation. (A report from this case, May 10, 1903, shows him to be, apparently, in perfect health.) It is needless to refer to his reduced and improved appearance. I would like someone to make a diagnosis for us. How much had his excessive obesity to do with it?

*Whooping-Cough.*—The preceding cases could hardly be considered as essentially self-limited in their nature. The cases we are now considering may be so regarded, yet pertussis runs such a prolonged and variable course when unmedicated that any prompt amelioration might well be considered due to the medicament applied. We have two children, aged, respectively, 4 and 8 years. They had each reached the stage of convulsive cough and distinct whooping when they came for treatment. The parents of the children could hardly be persuaded that any medicine would even modify such a disease, and were prepared for failure rather than for a signal success. The older child presented clear-cut indications. Under such circumstances the homœopathic physician may feel sure of success, even in an infectious malady like pertussis. The barking, spasmodic cough, hurting the chest-walls, the aggravation by night, the invariable vomiting of all food when the cough occurred, while the stomach was full, made the selection of *drosera* 6th certain. I can only report that one week's use of this remedy stopped all the spasmodic phenomena, and that the child is already convalescent. The younger girl did not present clear indications for any remedy according to our method of drug-selection, and, therefore, was less promising in outlook. *Belladonna* seemed nearest in similarity. It failed to relieve after a week's trial. It is a fact fairly well established that when *belladonna* is given alternately with *ipecacuanha* at intervals

of four hours, at the beginning of the convulsive stage of pertussis, in cases that do not manifest characteristics sufficiently strong to promise success with any one remedy, we may fairly expect, at least, some amelioration, if not a cure. I can relate that this method acted promptly after one week's use, and that this child, too, is now convalescent. While we are by no means ready to defend the alternate use of two remedies under any circumstances, we feel, nevertheless, that a certain amount of charitableness should mitigate our denunciation of those practitioners who *occasionally* alternate, for good and sufficient reasons, after they have endeavored to follow the law of *similia*, and have not realized the full measure of success.

*Emphysema—Asthma—Chronic Bronchitis—Multiple Lipomata.*  
—Sometimes the efforts of the general practitioner to cure his case are futile. Such occasional failures do not daunt him, but, on the contrary, act as stimuli, and cause him to search diligently for the cause or causes of such failures. He finds that if he fails to cure his case that one or all of three factors are responsible: 1. His therapeutic measures were illy chosen. 2. There exists some impediment to the complete curative action of his remedy or measure. 3. The case is an incurable one.

In some instances all three factors are at work in the same case. This is unfortunate. Yet the general practitioner is seldom quite vanquished. He generally manages to win some sort of a victory, even under such unfortunate circumstances. I think I can illustrate these points excellently by the next case.

A Teuton, 52 years old, suffering from asthmatic attacks every night, which have murdered sleep and made life burdensome to him.

It seems that in April, 1902, he contracted a severe grippal cold, which caused an asthmatic paroxysm. For nearly seven months, subsequently, he suffered from these nightly paroxysms of asthma, as well as from a chronic bronchial catarrh. Treatment being of little avail, he consulted the general practitioners of Department First, Hahnemann Medical Dispensary, in November, 1902.

His history is carefully brought to light, for the general practitioner's acumen makes him a careful investigator of past events in the life of his patient, as well as of present difficulties. This is another qualification upon which I might enlarge



did time permit. The mother of this patient gave birth to 14 children—8 of whom died during infancy or childhood. This mortality is significant either of constitutional or hereditary weakness, or argues for unsanitary environment. He himself had measles and whooping-cough before he was 7. At 21 he had catarrh, which was cured by hypodermatic injections into the forehead. He was then an army man. At 40 he had rheumatism. He had, after the rheumatism, sequelæ of an unusual kind, which we shall later show you.

He used beer judiciously for 30 years of his life, subsequent to maturity. His physician determined without difficulty that the principle disease from which this man was suffering, at his first visit to the dispensary, in November, 1892, was pulmonary emphysema, due to prolonged chronic bronchial catarrh, occurring in one whose pulmonary tissues were in a favorable state to permit of alveolar enlargement.

Every general practitioner knows that this combination of lesions is quite beyond the curative resources of humans. The man was suffering from an incurable malady, and yet did not know it. He expected to be cured or relieved. The general practitioner, under such circumstances, invariably brings his judgment and sound senses to bear upon such a predicament and endeavors to isolate, in such a case, that which is curable or relievable from that which cannot be influenced by therapeutic measures as yet known.

It is folly to aim at the unreasonable in medicine, as in everything else. Let us see the isolated curable or relievable features in this case. Cough at night, at midnight and again at 3 A.M. Awakens with dyspnoea and has to sit up. Chest full of dry, sibilant râles. Tongue coated heavily-yellow down center. Cannot lie down to sleep. Thick mucus discharge from nose. Nose stopped up, preventing breathing through it. Is so short of breath cannot walk as usual. Edematous swelling of feet. Loss of weight, amounting to some 20 pounds.

These the general practitioner set about curing or, at least, relieving. The therapeutic agent chosen may be, perhaps, an unfamiliar one to some of those present—the *antimonium arsenicosum*. This is a homœopathic prescription based on *clinical* plus pathogenetic drug-effects. In February, 1903, after, then, some ten weeks of treatment, we find our patient weighing 20 pounds

more than formerly, feeling capitably and working at his trade. Cured? Yes; of his curable ailments; sleeping well, eating well and looking rather plethoric compared with former appearance. I said he was incurable; I referred to one feature—his emphysema. This will always be present and will not fail to make its presence felt from time to time, but how, we cannot



Multiple lipomata of unusually firm structure.

affirm *à priori*. May I show you his multiple lipomata, which began subsequent to his rheumatism. Microscopic examination showed their nature.

*Too Many Fingers and Toes.*—Hardly a suitable case for the general practitioner to handle. Yet, the family doctor must be the advisor and trusted counsellor, as well as the prescriber of drugs. Hence, he is generally the first one to whom such a

case will be referred. I deemed this case interesting enough to bring before you, trusting that some one may not have met the condition of supernumerary digits before. Of course, we shall ask for the assistance of our friend, the surgeon, in such a case. I shall take this opportunity to have Dr. E. Gramm



Supernumerary toe and fingers.

make a radiograph of the hands. In a few moments he will show you the negative, and thus we can accurately determine the bony formation of the superfluous members.

I am indebted to my colleague, Dr. O. H. Paxson, for the excellent photographs which accompany this article.



## A CASE OF TUBERCULOSIS OF THE PERITONEUM.

BY THEODORE J. GRAMM, M.D., PHILADELPHIA.

(Reported to the Saturday Night Club of Microscopists, April 18, 1903.)

ALTHOUGH, unfortunately, it will be impossible, on account of unavoidable circumstances, to report some important details of this case which would enhance its scientific value, yet there are some interesting facts which may profitably engage our attention. Such, for example, are the difficulties encountered in the diagnosis, the immediate results of the operation, the subnormal temperature for some days preceding death and some of the lesions found at the post-mortem examination.

The patient was an unmarried mulatto girl, 22 years of age, of gracile frame, who, being pregnant, was admitted to one of the charitable institutions of the city. On August 6, 1902, I made the usual preliminary examination which I have there established as a routine procedure. Of the data then obtained, it need only at present be said that the last menstrual period was December 25, 1901; the periods were usually irregular, either one or two months apart, the flow continuing seven days, being dark and not profuse. The usual pelvic measurements were made, all of which were below the average, and the child was found to occupy the first obstetric position. The patient was estimated to be at seven and a half months of her pregnancy.

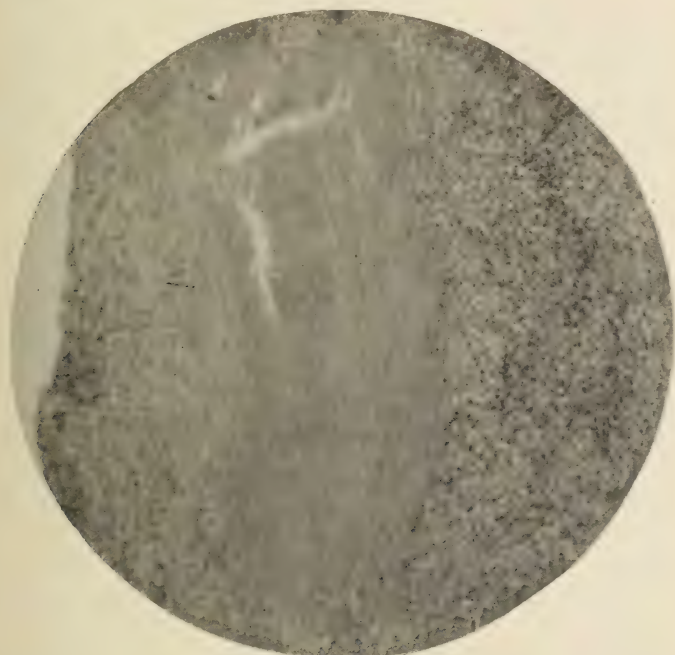
On the afternoon of September 7, 1902, three weeks before her expected delivery, the patient was admitted to the delivery-room, having regular labor pains at ten-minute intervals, her temperature being  $98.2^{\circ}$  and the pulse 100. In about six hours the patient was delivered of a female child weighing  $4\frac{3}{4}$  pounds. There had been some laceration of the perineum, which was repaired. Her temperature at the end of labor was  $98.2^{\circ}$  and the pulse 88.

The following morning the temperature was  $99.2^{\circ}$ , pulse 86 and respiration 26. The evening temperature was not recorded on the nurse's chart, and this omission was the cause of much difficulty in obtaining a correct conception of the status of the

case at this time. On the following morning, the third day of the puerperium, the temperature was  $100^{\circ}$  and the pulse 78; in the evening the temperature was  $102.4^{\circ}$  and the pulse 98. The lochia at this time was of normal color and quantity, and there was no abnormal odor; however, in accordance with our established rule to administer an antiseptic vaginal douche when the temperature exceeds  $100^{\circ}$ , the same was ordered and, in addition, a saline cathartic was given. On the following morning, the fourth day of the puerperal period, the temperature was  $99.2^{\circ}$ . Although there had been no chill, and although there were present no other suspicious symptoms, in fact, nothing to attract attention to the case except the elevated temperature, I feared that the case had suffered some infection, in spite of the careful precautions to have the case conducted through an aseptic delivery, and, consequently, I administered an intra-uterine douche. The perineal sutured wound was in good condition. That evening the temperature was  $103^{\circ}$ . On the fifth day of the puerperium, the temperature not having been influenced at all, I was inclined to blame myself for not having taken steps to be assured on the previous day that the uterus was empty. Believing that some placental fragments would be found in the uterine cavity and were the cause of the febrile disturbance, I had the patient placed upon the operating-table and made a careful examination of the uterine cavity, with the result that the latter was found to be empty. At this time, also, on bimanual examination of the uterus, of the adnexa and, in fact, of the pelvis in general, I was surprised to find that not only was the pelvic cavity free from inflammatory deposits, but also that the normal involution of the uterus was progressing with marked rapidity. The conclusion was therefore reached that the patient was not suffering from septic or saprophytic infection. In my opinion, it is our primary duty in every case of fever during the puerperal period to determine that recent infection does not exist, and only, after having firmly established this fact, to look for other explanations for the febrile condition. Knowing the many ways in which infection may be carried to a parturient, I am sure it is not correct to approach the diagnosis in the reverse order.

From now on a two-hourly temperature observation showed that in the morning there was some remission to about  $100^{\circ}$ ,

and in the afternoon the temperature reached  $103^{\circ}$  or  $104^{\circ}$ . At the same time, the patient made but few complaints and frequently said that she was quite well. Upon being closely pressed to tell of any suffering, she would sometimes acknowledge having some backache or vague pains in the limbs, or some headache. As a rule, she slept fairly well. The only symptom at this time that might be said to be in any way constant was a pain in the region of the spleen.



One of five tubercles, containing bacilli, in a small fragment of peritoneum, removed for diagnosis at the time of operation for tuberculosis of the peritoneum. X 50.

When the diagnosis of septic infection was so completely thrown out of account by the examination above referred to, and while the patient exhibited such a remarkable temperature range and, at the same time, could not easily be brought to acknowledge that she was sick, the question of diagnosis presented an interesting problem. Typhoid fever was thought of, although the bowels were not loose, but entertaining the idea that this might be an anomalous case of enteric fever, a specimen of her blood was sent to the Health Office for examina-



tion. The patient was, at this time, subjected to a careful physical exploration. The chest was closely examined, but here it was not possible to find any lesion except a slight friction-sound in the lower left chest anteriorly. The spleen was slightly enlarged. The liver appeared to be normal. The abdomen was somewhat tympanitic. There was no sign of any abnormal growth in the abdomen. The skin showed no petechiæ. Instead of a report from the Health Office, a request came for another specimen of blood which was sent, and soon thereafter the intelligence was received that the blood of this case did not respond to the Widal reaction. By this time, the case having advanced well into the second week and not exhibiting the physical signs usual in the second week of typhoid fever, this thought could be abandoned.

The chest was now again examined with care, in the hope of finding pulmonary tuberculosis, but again the friction-sound above mentioned was the only lesion discoverable. I might say that, on questioning the patient concerning her previous history, the only tangible fact elicited was that some years previously the family physician of the girl's mistress had said that it was dangerous to have this girl in the house, because she suffered from tuberculosis, although the patient herself did not recall having had any persistent cough and could give no further information.

The patient continued for some time with an elevated temperature, amounting to 102° or 103° in the afternoon, with few or no complaints; her appetite was fair; her digestion was not impaired; and her bowels moved daily. Later, however, it was observed that her abdomen began to enlarge and was tympanitic, and, at the same time, she had some looseness of the bowels; she also complained of some fleeting pains in the abdomen. Soon there was felt a mass in the left hypochondriac region, and another in the right iliac region. Dulness on percussion in the flanks while lying also appeared, and this gradually increased so that ascites was manifest, especially recognizable on changing the posture of the patient. A provisional diagnosis of tubercular peritonitis was made. I might say that all of the above-mentioned physical signs were confirmed by Dr. Charles Becker, who saw the case with me.

On October 15, 1902, I opened the abdomen of this patient.

The median incision gave exit to a large quantity of pale, serous fluid, some of which was preserved for microscopic examination. The abdominal cavity presented a most interesting appearance. The parietal peritoneum was about a half a centimeter in thickness, and its surface, in addition to that of every



Young tubercle on under surface of liver. Case of tuberculosis of the peritoneum. X 75.

other accessible portion of the peritoneum, was so thickly studded with tubercles that the finger could not be placed anywhere on the peritoneum without coming into contact with several tubercles.

In view of the former suspicion of septic infection, the pelvis was carefully examined. Both ovaries were readily found in

place and not adherent; the fimbriated extremities of the Fallopian tubes were not closed; the uterus was situated in normal anteversion and had undergone involution. After washing out the abdominal cavity with large quantities of normal salt-solution, it was closed in the usual way.

It will serve no useful purpose to further examine in detail the clinical chart of this case; but the condition of the patient may be summarized by saying that the patient made a satisfactory recovery from the operation; the temperature continued high in the afternoon, with some morning remission, and for some days subsequent to the operation the patient continued to have light-brown thin bowel movements; but this changed to normal in about ten days. It might here be stated, parenthetically, that tubercle bacilli were found in the ascitic fluid taken from the abdominal cavity, and, also, that in the small fragment of peritoneum removed at the operation there were found a number of tubercles, one of which is shown in the accompanying photomicrograph.

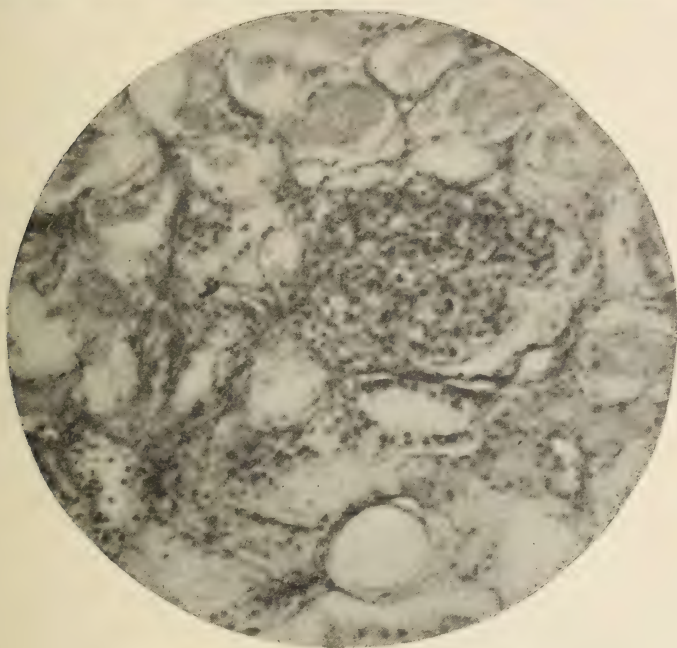
After the operation the patient began to improve in general health and increased in weight; the temperature gradually returned to normal, and in about one month she was discharged from the supervision of the nurse. About a week subsequent to this time, however, the patient was reported by one of the attendants to spend restless nights and was described as having night-terrors, awaking from sleep terrified and screaming, which at the time suggested an extension of the tubercular infection to the brain. On visiting the patient she was found to be weak, though making no complaints; the legs were somewhat œdematous and the urine quite scanty; her temperature was 94°. This temperature record was at first ascribed to a faulty instrument, but was later repeatedly verified by other thermometers known to be correct. The general condition just described persisted for three days, when the patient died.

A post-mortem examination was made seventeen hours after death, but, because of lack of time and the necessary assistance, it was impossible to conduct the examination with the completeness which this interesting case merited. There were, however, some instructive facts revealed.

The abdominal cavity contained no ascitic fluid; the parietal



peritoneum was quite free from tubercles; the tubercles so numerous on the intestines forty days previous had entirely disappeared; but the deeper portion of the abdomen, or where the intestines formed a flexure, adhesions had formed, and on separating these there was revealed a cheesy tubercular deposit. The uterus and the adnexa, which at the operation were found to be quite free from adhesions, were now densely adherent to contiguous peritoneum; and here also, on separating the adhesions, the same cheesy tubercular deposit was found. The



Complete destruction of the cells of the urinary tubules, causing anuria. Case of tuberculosis of the peritoneum. X 200.

under surface of the liver was studded with tubercles. The kidneys were rather small and pale. The impression conveyed at the examination was that the tubercles had disappeared from all places which were freely exposed during the abdominal section to the action of the atmosphere and of the irrigating fluid, but in the deeper recesses in the abdomen, not readily accessible to their action, the tubercular process had continued to pursue its usual course.

Microscopic examination of the ovaries, which were removed as furnishing an example of the tubercular process in the

deeply lying recesses within the abdomen, showed secondary tubercular disease of their surface, and tubercle bacilli were readily demonstrable in the microscopic sections.

The under surface of the liver showed young tubercles, while the substance of the organ was involved in pronounced fatty degeneration. The kidneys were examined as being of interest because of the anuria. Large microscopic sections of them showed almost complete destruction of the cells of the urinary tubules, thus accounting for the anuria. There was no evidence of interstitial inflammation. Repeated attempts to demonstrate tubercle bacilli in sections of both kidneys always failed, but cocci were easily recognized in the tubules.

If, now, we glance for a moment at the pathology of tubercular peritonitis, particularly as it affects women, it is found that the Fallopian tubes offer a favorable culture-field for tubercle bacilli, and according to Doederlein these micro-organisms are the second most frequent cause of pyosalpinx, the gonococci ranking first. This being true, tubercular peritonitis may occur as the secondary manifestation of a primary tubercular salpingitis. The condition found in the abdomen of the case above cited, however, show that such was not the path of invasion in this case. Tubercle bacilli may reach the peritoneal cavity from primary foci within the patient's own body, being distributed by the blood- and lymph-channels. These primary foci may be situated in the lungs, in the pleura or pericardium, in intestinal ulcers, or in bone- or joint-disease. While not actually verified, several facts point to the probability that the primary focus in the case cited was located in a former tubercular pleuritis affecting the left side.

With reference to the diagnosis, the curious observation has been made abroad that tubercular peritonitis has been found by those doing abdominal section to occur most frequently in *women*; while pathological anatomists have more often observed it while doing autopsies upon *men*. This singular discrepancy doubtless finds its explanation in the peculiar course of the disease, and in the fact that abdominal section is more frequently called for in women than in men, when the disease is seen, before it has produced its pathognomonic symptoms. The onset of the disease is notoriously insidious, and the patient's statements as to the beginning of her illness do not conform to the stage of the lesion found at the operation.

This may be due to the fact that the development of tubercles is painless, it being the ascites and the extensive abdominal adhesions, that is, the secondary results of the disease, which excite the symptoms. Slow enlargement of the abdomen, with gradually increasing pains in the abdomen and back, are said to be constant complaints. The patients are usually young.

The results of operation are not constant. Koenig was able to count 65 per cent. of cures, and Roesch, who collected a large number of cases from the literature, was able to estimate 70 per cent. cured, many of these, however, had not at that time been observed sufficiently long after operation to make the estimate quite reliable.

The effect of abdominal operation is not as yet clear. In the present case a surprising result was obtained in the disappearance of the tubercles from the places described, and this might suggest the query, whether a greater exposure of the abdominal organs, combined with a more thorough irrigation of the abdominal cavity, would have been attended by equally beneficial results in the deeper portions of the abdomen; although the same treatment applied to only the same extent was entirely successful and resulted in a complete cure in a similar case which I operated and reported to this club some time ago.

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**ABROTANUM IN TUBERCULOUS PERITONITIS.**—Dr. Stiegele, of Stuttgart, reports two cases of tuberculous peritonitis treated with abrotanum. He refers to a report by Baginsky of three cases cured with inunctions of *sapo viridis*.

The first case was a 5-year-old girl that had received the up-to-date allopathic treatment without result. She was emaciated, and ran an evening temperature. Constitutional remedies, especially the iodides, were prescribed without result.

Accordingly, Dr. Stiegele followed the recommendation of Devanter and prescribed abrotanum, first dilution. The child made a prompt recovery.

The second case was that of a boy 6 years old, who had been tapped several times. The case was an aggravated one, and abrotanum in the tincture and first potency was prescribed; and, although the patient was much improved for a time, still a relapse occurred, and the course then became unfavorable.—*Zeitschrift des Berliner Vereins Homöopathische Aerzte*, March, 1903.



## EDITORIAL.

## MEDICAL EDUCATION.

IN *American Medicine*, for May 9th, appears an interesting article on "Medical Education in the United States," by Frank Billings, M.S., M.D., of Chicago. It is a subject which is occupying much thought at the present time, and one which is of the highest importance, not only to the growth of medical science, but to the standing of the medical profession, and therewith to the public at large.

The writer shows the early recognition of the faults and deficiencies of the medical education of fifty years ago, and briefly traces the growth of the legislative measures for the purpose of elevating its standard.

Many papers have appeared before the profession upon this latter subject, but in none do we find so complete a corroboration of the view that we have so persistently maintained, viz., that in this movement there is a very large element, how large we cannot say, of trades-union spirit. The author says that, "in consequence of the efforts of the medical college associations, the status of the medical college education has been very much improved in the last twenty, and chiefly in the last ten, years. But, improved as it is, there are evils which menace us, the chief of which are too many medical schools, too many medical students, and inadequate facilities for the proper teaching of medicine." From this we might estimate the proportion of trades-union spirit as equivalent to about two-thirds. He shows by figures that there has been an increase in the number of medical matriculates of 100 per cent. in twenty years, and of 25 per cent. in the number of graduates within the same period. Based on the estimated proportion of 1 physician to 600 of the population, there would be room for 3000 physicians each year, whereas about 5000 are turned out; "a surplus of 2000 physicians is thus thrown on the profession,

overcrowding it, and steadily reducing the opportunities of those already in the profession to acquire a livelihood. The evil of an overcrowded profession is a sufficient cause of complaint, but the cause thereof is the important point for us to consider, and, if possible, remove. To correct the evil, the ease and facility with which a medical degree may be secured in this country must be diminished." What need have we of further witness in vindication of our assertion?

Let us pass on to the subject-matter of the article. The author says: "It is said that we never exceed our ideals in practice, and that, if we lower our ideals, our conduct sinks to a lower level;" and, in accordance with this thought, he has presented a picture of medical education, its methods and means, which we can only regard as an ideal, in the sense of a non-realizable condition. It is supposed to be of advantage to have ideals towards which we are presumed to be working, and the condition which he presents may be as good an ideal as any other, but it is based, as is so much that is written upon that subject, upon what we think is an erroneous view of the purposes and possibilities of the medical college.

The paper says: "The problems which confront the clinician and investigator in medicine and surgery compel him to have a good and working knowledge of general, physical and physiologic chemistry, of general biology, bacteriology, pathology, physiology, embryology, pharmacology, histology and anatomy. No one can practically apply or rationally experiment with what he does not know. The fundamental studies of medicine must, therefore, be acquired by all who desire successfully *to apply them as sciences.*" (The italics are ours.—Eds.) "The laboratory method, while necessary to the proper and practical instruction of the student, involves an expense which is appalling, when compared with the methods of teaching formerly practiced in all schools, and still adhered to in many medical schools." "But, great as the cost seems, it must be conceded that the present status of medicine demands the thorough instruction of students in these fundameatal studies. It matters not whether his future may be that of a teacher or a practitioner of medicine."

To the general trend of this argument, and especially to the last sentence, we must take exception. How many of the

5000 graduates turned out every year intend to apply these fundamental studies, *as sciences*, to their work? We willingly concede that it would be an ideal condition were they all to become medical scientists, but is it the fact? Will not, by far, the greater number be content to apply to their work in the practice of the art of medicine the results of the work of others engaged in its experimental development as a science? No one will deny that there should be "proper and practical instruction" in them, and that this should be "thorough" as far as it goes; but this does not necessitate such devotion to them as would fit the graduate to become at once "an experimenter in applied medicine." We are heartily in accord with the writer when he says, "Every physician must be so educated that he may intelligently apply the knowledge furnished him by experimental medicine, in the cure of such diseases as can be cured," but not that "he may no longer juggle with the life of his patient by an attempt to cure with drugs, or otherwise, where no help is possible." It would seem that we should juggle with the life of our patient only by experimental medicine, which "must be the means of removing the ignorance which still embraces so many of the maladies which afflict mankind." The radical fault seems to us to lie in the endeavor to make of the student a proficient in all the fundamental studies enumerated above, each one of which, according to the writer, demands for its teacher a specialist, whose whole time should be devoted to its prosecution. Too much is demanded of the whole body of students, because amongst them there may be some one who, later in his career, may feel called upon to devote himself to one or the other of these branches as a specialty. The attempt is made to turn out universal specialists, and the medical school is regarded as a *finishing* school, and not as one only *preparatory* to the great work to follow thereafter. In no other art is it demanded of the artist that he know practically all the science which underlies it, nor in any is it regarded as essential to good work. Let every student be made acquainted with the field of his future activity; let him be thoroughly taught the use of his various tools and the manner of their application, and then let circumstances and his own individual bent decide in what way he will employ them,—whether as instruments of original experimentation, or



solely as means to carry out practically his life-work in curing the sick. As the author acknowledges, "not every student, nor every physician, can become an experimenter in applied medicine," and to compel all the students to attempt to gain this ability is a waste of energy and an injustice.

In order to utilize the knowledge gained in the fundamental studies, the writer requires special hospitals, under the control of the medical schools, "constructed with the definite idea of teaching students, and of making researches into the nature, causes and treatment of disease." These are, apparently, to be purely experimental stations. Besides these, there are to be the general hospitals where "the clinical teacher, who is in private practice, will co-ordinate and arrange the isolated facts of clinical and laboratory investigation, and give them their true and relative value. He will teach the student the art of medicine; he will teach him that human sympathy and encouragement of the sick and dying are part of his duty as a physician." (This last fact will evidently be liable to be overlooked in the teachings and investigations in the special experimental hospitals.)

The demands of the writer do not stop here. "The present status of medical science requires and demands a university medical college course. By university medical college is meant a medical school which is directly connected with and is part of a university, the university fixing the requirements and controlling the admission of students to the medical department." By a suggested telescoping of the literary and medical courses the student could, in one case, secure the degrees of S.B. and M.D. after six years, or the degrees of A.B. or Ph.B. and M.D. at the end of seven years of study.

The State university or the college desiring to teach medicine, but so situated as not to have within reach clinical material, should confine itself to teaching the sciences fundamental to medicine as pure sciences included in the course for the degree of S.B. From such colleges and State universities the students could go to the larger institutions which possess the proper facilities for teaching applied medicine and surgery. The general hospitals in many of the cities could be utilized in this way, but would, necessarily, have to be under the control and direction of a university medical school.

The absolute impracticability of such an arrangement must be apparent. This is the ideal which the *American Medical Association* should seek to realize, "the university medical college, with all the name implies in regard to the fundamental medical sciences and to the clinical branches." Such a program is hardly applicable to our school, Ann Arbor "to the contrary, notwithstanding;" and in placing too high an ideal there is always danger of discouragement at failure to realize it, and a possibility of losing the substance while pursuing the shadow.

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#### THE INSTITUTE MEETING.

THE coming annual session of the American Institute of Homœopathy at Boston, beginning June 22d and closing June 27th, should prove to be a memorable one. Especially is this true from a scientific standpoint. The various special societies are to hold their annual meetings as part of the Institute proceedings, though still preserving their corporate freedom so far as electing their officers and arranging their programs are concerned. Hitherto, these societies have met annually at the place designated for the Institute sessions, but the time selected has always been such as not to interfere in any way with attendance upon the meetings of the parent body. The results of these meetings have not always proven satisfactory, so far as the Institute body was concerned, for the members of the special societies have concentrated their interests upon their pet organizations. The surgical and gynecological society should, however, be praised for the position its members have taken in the matter, for its by-laws provide that no one is eligible to membership who is not a member in good standing in the American Institute of Homœopathy. The result of this stand has been that the sessions of the surgical bureau of the Institute have thus far retained their interest, even to the surgeons themselves. The ophthalmological society seems to have concentrated all its attention upon itself, if one is to judge from results at the Richfield meeting. The sessions of that society that year were well attended, and yet the number present at

the general session of the eye and ear bureau of the Institute was but 26 by actual count.

Quite naturally, the cry arose, "The special societies are killing the Institute." And from this originated the present arrangement, which provides that all shall work as one harmonious whole.

This notable advance in the organization of our national society, we believe, will meet with favor on the part of the profession at large, especially if the proceedings of all the societies be incorporated in the Institute *Transactions*. To such a plan we see but two objections. The first is that of expense. This objection, we believe, will be found to be imaginary rather than real, for with some judgment in excluding certain statistical matter which is useless to the members, and the more economy in selecting a printer, the cost of publication need not be larger than that of years gone by. Indeed, we are satisfied that the work can be done and still permit of a saving of at least 10 per cent. on the expenditures of previous years.

The other objection is found in the fact that a valuable journal will lose an important source of income and literary contributions, in that it is the official organ of the eye and ear society, and publishes all papers and discussions presented to that body. This, of course, is unfortunate, but it is one of the misfortunes of progress.

As to the Institute in its relationship to *materia medica*, we must express our feelings of disappointment. For years, there have been altogether too many papers which should be classed as patriotic effusions similar to the school-boy essays which descant upon "love of country," "the onward march of science," etc. These so-called *materia medica* papers prattle about our God-given law, the memory of Hahnemann, the death of the allopaths, and so on *ad nauseam*. But scarcely, if ever, is there presented a practical paper which adds one mite to the improvement of the *materia medica*. Thus far it has been TALK, TALK, TALK. But we are waiting for results. It is true that the Bellows committee is doing good work, but until the plan becomes more generalized in its workings, the homœopathic *materia medica* cannot be brought down to the present status of medical science within the lifetime of the present generation. WE MUST WORK, WORK, WORK.



Professors of materia medica must be severely blamed for the state of affairs which we condemn. We cannot recall at this moment one single work of systematic investigation, according to modern methods, conducted by even one of these gentlemen; or, if such work has been carried on, we do not know of its publication in a form to make it of practical value to the profession. If our statement is too sweeping, we will be only too glad to make the *amende honorable* by giving in detail all investigations by these gentlemen proving the inaccuracy of this assertion.

We would feel more ashamed of this state of affairs were it not for the fact that the old-school profession is no better off than are we. It is true that their materia medicas treat of many new drugs. But think of their source. Said drugs have been discovered or invented by chemists, and their action investigated, not by practitioners, but by men paid for the purpose by large pharmaceutical houses. The ordinary medical laboratory for the investigation of drug-action rests satisfied with determining the influence of the mysterious drug upon blood-pressure, the peripheral nerve-endings, the central nerve-endings and the bowels. And, when one is through reading the reports of the experiments,—made, for the most part, upon frogs,—he feels that he is not aided in the least in his combat with disease.

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PHLEGMON OF THE ORBIT AFTER EXTRACTION OF A TOOTH.—The tooth was carious, the alveolar process injured; the night after extraction there was severe pain in the right side of the face, with chills, and on the fifth day he presented himself with advanced, severe orbital cellulitis. In eleven weeks, suppuration had ceased, vision one-half of normal.

There is a venous network in the periosteum of the anterior surface of the superior maxilla, which enters the vena ophthalmo-facialis, and thus is in connection with the vena ophthalmica superior and inferior.

In youth, the second teeth are so arranged between the milk teeth and the lower margin of the orbit that a direct communication exists, particularly in the case of the canines and the molars.

A persistence of these relations appears in adults in a fine vascular channel, that from the alveolar process, chiefly near the canines, passes up in the substances of the jaw to the lachrymal sinus and the lower margin of the orbit, and so furnishes a connection between tooth and orbit.

In this case the infective matter passed from the alveolar process into the antrum, and thence through the venous anastomoses into the orbit.—Otto Hallauer, *Arch. of Ophthal.*

## GLEANINGS.

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TWO CASES OF COMPLETE BILATERAL DUPLICATION OF THE URETERS.—Gould, A. H., reports two very interesting and rare cases of bilateral duplication of the ureters (only eight cases of complete bilateral duplication having been reported). Both cases were only recognized by autopsy.

CASE I.—A child, 6 months old, died of marasmus. Each kidney had two pelves and two ureters, which were separate throughout their lengths, each one having its own bladder orifice. One ureter on each side had its orifice in a normal position, while the other two were near the median line and close to the prostatic urethra. There was nothing to note uncommon in the kidney proper.

CASE II.—A woman, aged 50 years, died of strangulated hernia. There was the same condition here, also, as regards two ureters and two pelves. The pelvis draining the lower half of the left kidney was somewhat larger than that draining the superior half. The pelves of the opposite kidney were of equal size. All of the pelves were smaller than normal, the two ureters of each kidney were separate and patent throughout, and each had its own orifice in the bladder. All the ureters were smaller than normal. The kidneys were  $12\frac{1}{2}$  and 13 cm. long, respectively. In collecting the data he has excluded certain cases in which the duplication on one side was not complete, the ureters either joining together to form a single ureter, or having a common orifice in the bladder.—*The American Journal of Medical Science*, March, 1903.

Bernard E. Bigler, M.D.

LESIONS OF THE TIBIAL TUBERCLE OCCURRING DURING ADOLESCENCE.—Osgood claims that injuries to the tubercle of the tibia are of frequent occurrence, but are often unrecognized. The ossification of the tibial tubercle begins about the age of puberty, usually being an extension downward in the cartilage of the ossifying centre of the tibial-head. To the tip of the tongue-like process of bone, or to a separate bone-centre, is attached the tendon of one of the most powerful muscle-groups in the body. This bone-centre is separated, at the age at which the lesions occur, from the shaft of the bone by a cartilage layer, and any strain from the contraction of the quadriceps transmitted by the patella-tendon exerts itself on the tibial tubercle. The lesions of the tubercle consists in a solution of continuity between the tubercle and the tibial shaft. They may consist from a complete avulsion of the tubercle to a slight separation of the epiphysis. One may mistake the symptoms for those of a patella-fracture or a dislocated semilunar cartilage or some less acute joint irritation. The pain varies a great deal. From twelve reported cases, with the exception of one or two, they all occurred in athletic young men, and had been due to violent contractions of the quadriceps extensor. In complete avulsion of the tubercle, the tendon attached on each

side of the tubercle must be torn. If these are not ruptured there occurs only a partial separation, thus almost masking any acute symptoms. Such cases may be mistaken for bursitis or periostitis. The treatment ordinarily consists in lessening the pull of the patella-tendon and restricting motion; this usually suffices in the relief of the symptoms. A tightly applied criss-cross strip of adhesive plaster, covering two-thirds of the circumference of the limb, applied about one inch below the tubercle to about one inch above the border of the patella. In about a month this can be substituted by a flannel bandage. Appended are twelve radiographs illustrating admirably the different lesions of the tubercle.—*Boston Medical and Surgical Journal*, January 29, 1903.

Bernard E. Bigler, M.D.

**ASTIGMATISM CURED BY OPERATION.**—A case is reported by George J. Bull, of Paris, in which a complete tenotomy of the external rectus, for the correction of an exophoria, produced the unexpected result of curing a progressive myopic astigmatism against the rule.

If this astigmatism had been measured by the retinoscope alone, the result obtained might have been ascribed to relaxation of an irregular spasm of the ciliary muscle, but the ophthalmometer showed the astigmatism to be a true corneal differentiation in curvature between the vertical and horizontal meridians, which, three days after the operation, a renewed examination by the ophthalmometer showed to have completely disappeared, while, at the same time, the subjective symptoms caused by the astigmatism were non-existent, and the vision in the operated eye had risen to normal. Because of this record, also, the astigmatism and poor vision cannot be ascribed to hysteria any more than to ciliary spasm, and the conclusion is necessary that this particular cornea had its irregular curvature altered by the change in tension of the external ocular muscles.

The importance of this case depends not upon the cure of the astigmatism, but upon the light thrown upon other questions. For instance, if a tenotomy of one of the recti muscles can alter corneal curvature, it is obvious that the tension of the external muscles has an important bearing on intraocular tension, which might go far to explain the singular coincidence that astigmatism, against the rule, is apt to occur in glaucoma and to be progressive when it does occur; a hint, perhaps, in the etiology of glaucoma. As for the use of tenotomy for the cure of astigmatism, it is to be hoped that any such operation will be tried conservatively, and its limitations clearly defined before it is brought into general favor, for it is evident that incautious interference may cause very great damage in altering the tension of the external ocular muscles, and possibly, also, the intraocular tension. Unskilled operations might, also, increase astigmatism already present, or, in some cases, produce one previously non-existent.

There is food for investigation in the possible effect on the corneal curvature of the various forms of advancement and shortening operations for strabismus and heterophoria.—*N. Y. Medical Journal*.

William Spencer, M.D.

**EMBOLISM AND THROMBOSIS OF THE CENTRAL VESSELS OF THE RETINA.**—Panas reviews, briefly, the history of embolism and thrombosis of the central retinal vessels. The sudden loss of vision, the characteristic appearance of the arteries and the diminution of the volume of the veins in a centripetal



direction, the red spot on the fovea and the nebulosity of the surrounding retina, the absence of signs of stasis and the want of prominence of the papilla, he says, all speak for the complete obstruction of the central artery by an embolus, yet hæmorrhage into the vaginal sheath and certain forms of acute retro-bulbar neuritis may produce similar changes.

The anatomico-pathological examination, also, may often fail to establish a diagnosis, since, after a few months' time, the differentiation between an embolus and a thrombus becomes impossible, especially when it is remembered that the majority of the patients so attacked are of advanced age or are affected with some dyscrasia or disturbing factor, such as syphilis, alcoholism, diabetes or arthritis, in whom arterio-sclerotic changes are marked. From the standpoint of general pathology he has found that the occlusion of the vessels by thrombosis is much more common than that which is caused by embolism. During the past twenty-five years the diagnosis of the thrombosis, he says, has been supported by an increasing number of authorities, and such cases have been reported to a great extent; Haab, in particular, supporting thrombosis as against embolism in arresting the circulation of the central retinal artery. He reminds us that the occurrence of thrombosis of the central retinal veins has been demonstrated by Michel. Of fifteen such cases reported, ten developed glaucoma within two months after the attack of blindness, which, he says, tends to prove that the venous thrombosis was not primary, but was consecutive to a vascular disturbance arising from senile arterio-sclerosis. In a case of this kind, reported by Ischreyt, the examination of the eye, which was removed for glaucoma, showed a complete obliteration of the nasal branch of the vein by a thrombus with numerous points of obliterating endarteritis. The diagnosis of venous thrombosis, he states, depends upon the usual retention of some visual power, the distension and contraction of the veins and the absence of the venous pulse, the contraction of the arteries and the frequent presence of retinal hæmorrhages, which are usually seen around the disc.

The prognosis of venous thrombosis, he believes, is less serious than that of classic embolism. As to the treatment of these affections, he says that little can be done. He believes that mydriatics should be avoided on account of the tendency to glaucoma. Alcoholics should not be used. Iodide of potassium, in small doses, may be tried.—Prof. Panas, Paris, *Archives d' Ophthalmologie*.

William Spencer, M.D.

THE EXISTENCE OF ORGANIC DISEASE IN THE ABSENCE OF OBVIOUS SYMPTOMS.—(Bradford.)—In an admirably-written paper Dr. Bradford calls attention to the fact that many serious conditions are overlooked, because of hasty examination and the absence of some leading or guiding symptom. Perhaps the greatest lesson to be learned from the paper is that most of these conditions can be detected, or at least suspected, by a complete physical examination. In the large proportion of that class of cases the malady is a fatal one, and very frequently immediately so. In some cases the occurrence of acute symptoms may be only an exacerbation of the chronic ailment. The sudden occurrence of acute uræmia furnishes a good illustration of this. Again, the presence of acute symptoms may suggest a complication, as gangrene or coma may first call attention to diabetes.

Latent diseases may be divided into two classes: (a) Where the latent dis-

case occurs as a complication of other or obvious maladies, and the complication either produces no obvious symptoms or its symptoms are thought to be due to the original disease. (b) Where the latent disease is not detected until complications have developed.

As examples of class "a": Renal sequelæ, occurring in diseases of the bladder and other pelvic organs; latent pleural effusion in cases of valvular heart-disease; latent cerebral abscess as a complication of middle-ear disease; pericarditis as a complication of renal disease. As examples of class "b" we could give many of our diagnostic errors. Typhoid fever has a marked tendency to run a latent course, and perforating peritonitis is often due to preceding typhoid. Rheumatic heart-lesions are found where there is no joint involvement in rheumatism. Diphtheritic paralysis may occur without a definite history of that illness. Gastric ulcer, gastric cancer, hepatic diseases, cerebral affections, etc., are examples of lesions where, at times, there are no obvious symptoms.—*The Lancet*, April 4, 1903.

William F. Baker, A.M., M.D.

THE TREATMENT OF GASTRIC AND DUODENAL HÆMORRHAGES.—(Einhorn.)—The author outlines the surgical indications for operative interference:

(a) Very profuse hæmorrhages, recurring at comparatively short intervals, demand immediate operation.

(b) Profuse gastric and, especially, duodenal hæmorrhage, occurring once or twice yearly with more or less regularity, and each time greatly endangering the life of the patient, are to be considered as subjects for operation.

(c) Frequent small hæmorrhages from the stomach or duodenum, which greatly debilitate the patient and cannot be stopped by rational therapeutics, demand surgical interference.

The surgical procedures may be of two kinds:

1. Finding the bleeding area (ulcer) and excising or cauterizing it.
2. Performing a gastro-enterostomy.—*New York Medical Journal*, May 2, 1903.

William F. Baker, A.M., M.D.

A CASE OF HEART BIGEMINISM.—Dr. K. Doll reports an interesting case of heart bigeminism developing in a man 43 years old, suffering with arteriosclerosis and contracted kidneys. Several years prior he suffered from an attack of acute dilatation of the heart, following violent physical exertion (swimming). The dilatation was overcome with rest, followed by Swedish movements, and hypertrophy supervened.

Owing to the appearance of œdema of the extremities and uræmic manifestations, the patient was put upon an infusion of digitalis. He complained of a sense of great weakness and pulsation throughout the entire body, synchronous with the heart-beats. The pulse-rate at the radial artery was 44 per minute. The beats were full and strong. Immediately following the pulse there was a weak perceptible wave. At the apex, which was situated 2 to 3 cm. outside the mammary line, 88 heart-beats were elicited. They occurred in rapid succession, the second decidedly the weaker, followed by a pause.

The patient died of uræmia in the course of a few weeks, and the autopsy report was as follows: Heart enlarged; dilatation, especially of the left auricle

and the right ventricle; thickening of the walls of the left ventricle; valves intact; nutmeg-liver; kidneys contracted, irregular contour; capsule adherent.

Heart bigeminism, according to Riegel's definition, is the presence of two rapidly following cardiac impulses of approximately equal force and occurring at the same place (apex). Only the first impulse is followed by a corresponding radial pulse-wave. This is explained on the ground of shortening of the preceding diastole and premature occurrence of the systole. In reality, the second systole occurs at a time when the ventricles contain only a fraction of the amount of blood they normally hold; this explains why the wave is not sufficiently strong to be felt at the wrist, while a double impulse may still be detected in the carotid artery.—*Berliner Klinische Wochenschrift*, March 9, 1903.

C. Sigmund Raue, M.D.

AN INQUIRY INTO THE VALUE OF THE IRRIGATION METHOD AS A MEANS OF ABORTING AND TREATING ACUTE SPECIFIC URETHRITIS.—(Horwitz).—The different authorities are quoted, and, in summing up, the writer says: "Any one with a mind unbiased who will analyze the testimony offered for and against the irrigation treatment of acute specific urethritis will, it is believed, feel justified in subscribing to the conclusions which follow:

"1. The irrigation method of treatment will not abort acute specific urethritis.

"2. It will hasten the terminal stage of the disease which is prolonged and difficult to cure.

"3. Chronic urethritis and involvement of the deep sexual organs are common sequences.

"4. In many instances, in order to effect a cure in the terminal stage of the disease, the irrigations must be discontinued, and other methods of treatment employed.

"5. Irrigation should not be employed in the acute stage of specific urethritis.

"6. Irrigation of the deep urethra by hydrostatic pressure is injurious in the majority of cases of acute gonorrhœa, and is conducive to the development of complications.

"7. Little or no progress has been made in the treatment of acute urethritis, either in aborting the disease, lessening its duration or preventing complication."—*The Therapeutic Gazette*, March 15, 1903.

William F. Baker, A.M., M.D.

CONCERNING THE QUESTION OF TRAUMATIC ALBUMINURIA.—Commenting on the report of a case of traumatic albuminuria by Fr. Engel, in which he scores the internal medicists for not recognizing trauma as a cause of nephritis, Prof. Senator (Berlin) dissents from this criticism, considering it unjust. Engel insists that none of the text-books on internal medicine mention trauma as an etiological factor in nephritis. Prof. Senator insists that the surgeons have only within a short time recognized traumatic nephritis, and that the medical fraternity has also of late investigated this condition. The following quotation, from Senator's *Lehrbuch der Niederkrankheiten*, clearly defines the position which traumatic albuminuria occupies in internal medicine:



"It is doubtful if trauma (with the exception of direct injury or concussion) can produce nephritis. The well-known subsequent symptoms of hæmaturia, albuminuria, cylindruria do not necessarily signify inflammation, but may be the result of the tearing of blood-vessels or destruction of tissue. It is, however, possible that this injury may lead to necrosis, which, in turn, can produce a reactionary inflammation."

This practically covers the entire subject without leading us into nebulous theories.—*Berliner Klinische Wochenschrift*, March 16, 1903.

C. Sigmund Raue, M.D.

PREMONITORY SYMPTOMS OF HEART-FAILURE IN DIPHTHERIA.—Fenton calls attention to a set of symptoms premonishing heart-failure in diphtheria patients, which everyone having had much experience in the treatment of this disease must have occasionally encountered and noted with a sense of despair. The attack upon the heart usually occurs in the second or third week, although it may come earlier or be considerably delayed. The first warning is abdominal pain, either in the epigastrium or umbilical region. At the same time there is nausea and, sometimes, vomiting; the pulse is rapid and feeble, while the countenance becomes deathly pale. Precordial pain, extending to the left arm, may also occur.

As a rule, these symptoms augur an unfavorable prognosis. Even under absolute rest and stimulation, a fatal issue is the rule. When recovery occurs, it means a protracted convalescence. The occurrence of "colic," therefore, in a diphtheria convalescent, should lead us to redoubled vigilance in guarding against cardiac paralysis.—*Canadian Practitioner and Review*, March, 1903.

C. Sigmund Raue, M.D.

SYMPHYSEOTOMY.—Zweifel has performed 46 symphyseotomies, and 35 of these in succession, without a death. He has found that the usual methods of treatment of the wound have failed, as the upper vesical space has not been properly treated. There should be provision made for free drainage of this space from below, through one of the labia majora. Drainage through the vagina is objectionable in cases of decomposition of the lochia amnii, and on account of the possibility of infection from the lochia in the puerperal state. It is easily accomplished by continuing the incision from the symphysis, down on one side and beneath the bladder. A rubber tube, slightly bent and containing a glass tube of about 7 mm. diameter, to prevent compression, is used for the purpose of drainage. This drainage-tube is shortened daily about 1 cm., after the fourth day. The wound in front of the symphysis is also drained. The wound is very carefully sutured at the mons veneris, as it is very important to obtain primary union, so that the patient can early walk about. Chromic-acid catgut is used for suturing the cartilage. The patient stands up about the twenty-first day.

With proper treatment of the wound, the actual danger of symphyseotomy is reduced to a minimum, and has become less than in a Cæsarean section, and women who have once had a symphseotomy are able to undergo a successful pregnancy at full term by a subcutaneous stretching of the resulting scar.

The operation should be performed only with a normal temperature, good pains and a living child.

The limits of indications for symphyseotomy are, in a flat pelvis, between  $8\frac{1}{2}$  and  $6\frac{3}{4}$  cm., conjugator vera, and in a generally contracted flat pelvis, between 9 and  $7\frac{1}{2}$  cm. conjugator vera.—*Centralblatt für Gynäkologie*, No. 16, 1903.

George R. Southwick, M.D.

THE INDUCTION OF PREMATURE LABOR.—(Silbermann.)—The writer recommends a small, ball-shaped rubber bag, introduced empty into the uterus and filled with 300 to 500 grams of sterile water. The outer end of the bag is connected with a weight at the foot of the bed, of about 500 grams, or double this in a case of placenta prævia. In 47 cases there was no morbidity or mortality of the mother, and 71.7 of the children were born alive. On the average, pains followed in 2 hours and 5 minutes. The shortest labor was 5 minutes and the longest  $9\frac{1}{2}$  hours. The mortality of the prematurely-born children, for the first year of life, amounted to 28.5 per cent.—*Centralblatt für Gynäkologie*, No. 16, 1903.

George R. Southwick, M.D.

THE PROGNOSIS AND TREATMENT OF PROLAPSE OF THE CORD.—(Michelsen.)—The writer expresses the following opinions, based upon the consideration of 100 cases. They are, in general, a repetition of the principles recommended by Winter.

In transverse presentation and prolapse of the cord interference should be delayed until internal version can be performed, with immediate extraction afterward. Presentation of the cord is of no importance in these cases.

In breach presentation with prolapse of the cord, the head should be extracted as soon as possible, bringing down the feet, if necessary, or the entire breach, aided, in some cases, by incision of the cervix uteri.

Presentation of the cord in longitudinal presentation of the child may be treated by posture or careful reposition of the cord. If the result is negative, version and extraction can be performed when the os is fully dilated.

Vertex presentation with prolapse of the cord, combined with a small os uteri, can be treated first by manual reposition, and, if this fails, combine version with dilatation of the os and extraction. Forceps are indicated if the head is in the pelvis.—*Centralblatt für Gynäkologie*, No. 14, 1903.

George R. Southwick, M.D.

THE TECHNIQUE OF THE UTERO-VAGINAL TAMPONADE.—(De Lee.)—It is best to pack the whole utero-vaginal tract and to use one piece of gauze. This facilitates removal. The writer prepares the gauze as follows: Ordinary so-called sterile gauze, sold by surgical supply-houses, is used; is cut into strips thirteen yards long and one-half yard wide; it is folded, and the selvege and the raw edge turned in, then thoroughly washed in running-water, after which it is boiled twenty minutes in 0.5 per cent. lysol solution. It is then allowed to soak several hours in this solution, when it is wrung out dry through a scalded clotheswringer. Using rubber-gloves, each strip is packed into a sterile jar, filling it evenly and smoothly from the bottom to the top, on which a layer of cotton is placed and the jar is closed. The jar is put in the steam-sterilizer and boiled every day for three days, two hours each time. After the last boiling, while still warm, the head of the jar is dipped into melted paraffine to seal it. Thus prepared, the gauze will keep for years and is absolutely safe. When time to use it, the wrapper is removed, the cap

taken off, the jar covered with a sterile towel and the gauze introduced directly from the jar, which is held near the vulva. The half-hand is placed in the vagina with the finger-tips in the cervix, and, by means of long-curved packing-forceps, the end of the gauze is carried to the top of the uterine cavity; then the whole cavity is packed, making sure to fill out the sides. When the uterus is half-full, the gauze is stuffed in by the fingers, using the other hand on the fundus, through the abdomen, as counter-pressure. For aseptic reasons the belly is covered with a sterile towel. The packing is then continued. After the uterus is full, the vagina is tamponed tightly also. In some few cases more than thirteen yards could be packed in, while others need only five or six yards. This depends on the uterine contraction and the size of the parts. That the strictest surgical asepsis should be practiced is absolutely necessary for success.

Most patients bear up well under hæmorrhage to a certain point, passing which, the condition becomes one of acute jeopardy. In a small, anæmic woman a small loss of blood is serious. One-thirteenth the body-weight being blood, a woman weighing one hundred pounds has only eight pints. A patient may recover after losing one-third the total quantity, and dies if one-half is lost.—*American Journal of Obstetrics*, April, 1903.

George R. Southwick, M.D.

THE MODERN TREATMENT OF UTERINE FIBROIDS.—(Hofmeier).—Fibroid tumors are no longer considered as harmless as formerly, as they sometimes lead to dangerous complications and may have a deleterious effect upon the heart and circulatory system. In the study of 578 cases, between the years of 1889 and 1902, Hofmeier observed 8 cases of cystic degeneration, 21 of necrosis of the tumors, with suppuration and sloughing, and 11 cases of sarcomatous degeneration. The climacteric does not have as favorable an effect as was formerly believed. The menopause usually occurs much later, and in 379 cases in which he operated, out of the 578 cases, there were not less than 64 in which the first symptoms, which ultimately required an operation, occurred after the fiftieth year. Thirty-four cases were curetted, and there were 349 radical operations in 223 laparotomies, with 28 deaths, or a mortality of 12 per cent., and 126 vaginal operations, with 4 deaths, or a mortality of  $3\frac{2}{10}$  per cent. There were 24 cases of castration, without a death, among the laparotomies, usually with very good results. There was one failure due to the presence of a third ovary.

The vaginal operation is always to be preferred when possible.

Enucleation is reserved for relatively young women, in whom the nodules are of small size, which can be removed without materially injuring the body of the uterus. The question of supra-vaginal amputation or extirpation is one of technique. With the sub-peritoneal method, Hofmeier has had 12 deaths in 138 cases,—a mortality of  $8\frac{7}{10}$  per cent. Since 1893, in 118 similar operations, there have been 5 deaths, with  $4\frac{2}{10}$  per cent. He does not recommend the preservation of a portion of the uterus to avoid climacteric symptoms after operation.

There were 44 cases, in the 578, in which the myoma was complicated by pregnancy, that is,  $7\frac{9}{10}$  per cent. Premature labor did not occur more frequently than under usual conditions, *i.e.*, in about 10 per cent. Cases requiring operative interference during pregnancy are exceptions. In most cases



the termination of pregnancy can be patiently waited, and operation be performed later, if necessary.—*Centralblatt für Gynakologie*, No. 16, 1903.

George R. Southwick, M.D.

THE INFLUENCE OF DIABETES MELLITUS ON THE FEMALE GENITALIA.—(Calliau.)—The writer reports on 58 cases of this disease, with alterations of the genital tract. The chief symptom was pruritus vulva and its sequelæ of eczema and phlegmon. The urine should be carefully examined in all sick women, as sugar is frequently found without polyuria. The disease is more dangerous in young married women. Atrophy of the uterus and ovaries, caused by a slight sclerosis of the blood-vessels, frequently occurs, and there are often disturbances in menstruation. The disease is often associated with uterine fibroids. An operation should not be performed for fibroids unless the life of the patient is threatened by hæmorrhages.—*Centralblatt für Gynakologie*, No. 16, 1903.

George R. Southwick, M.D.

THE TREATMENT OF INTESTINAL PARESIS BY ALUM ENEMAS OR HYDROBROMATE OF HYOSCINE.—(Wells and Grandin.)—Dr. Wells writes: "In cases where the patients are becoming dangerously tympanitic, a high enema of an ounce of alum in a quart of hot water produces a marvelous contraction of the intestines, and apparently does no harm to the gut. It may be repeated several times, at intervals of an hour or two. If anything will make the intestinal muscle contract, this will."

Dr. Grandin says that he has been unfortunate enough to have seen a number of such cases, and he has tried alum in the way referred to by Dr. Wells. He tried this method in two cases, and they both died, as all others did under any treatment. This last summer, after a very desperate hysterectomy for fibroid and pus-tubes, the patient was left in the hands of her family physician. Symptoms of intestinal paresis supervening, after testing the usual measures, without avail, this physician concluded that, since the condition was due to spasm, he would relax that spasm, and he gave the hydrobromate of hyoscine until the pupils became as big as saucers (*Sic.*—Ed.). This patient recovered. This is one case in which the trouble yielded to drugs. It is in the line of reports that come to us from Europe about the use of large doses of atropine in these cases used to its physiological extent.—*American Journal of Obstetrics*, March, 1903.

George R. Southwick, M.D.

THE SURGICAL TREATMENT OF EMPYEMA.—(McMorrow.)—In summing up, the writer emphasizes the following:

(a) The best procedure is a resection of the rib, for, as a rule, in children, the interspaces are narrow and the bones readily compress any drainage-tube. The removal of the tube is also to be dreaded, for the difficulty experienced in its replacement.

(b) After a simple incision, it is very often necessary to do a second operation of resection to secure perfect drainage.

(c) Irrigation of the chest is usually necessary, and is not attended with fatal syncope. If the irrigation be carried on slowly and through a tube, there is absolutely no danger of compression, and the increasing activity set up by irrigation is sufficient to stir the fluid round in cavity, thereby thoroughly washing it.

(d) With resection, there is no danger of the irrigating solution being retained and becoming putrid.

(e) The greatest source of danger is insufficient drainage.

(f) Anæsthetic should be stopped as soon as pleural cavity has been entered.

(g) The mortality under this treatment is lessened, and is far below the mortality recorded where the simpler methods are in vogue.—*New York Medical Journal*, April 23, 1903.

William F. Baker, A.M., M.D.

TREATMENT OF MALIGNANT TUMORS.—W. B. Coley gives the present status of X-ray treatment for malignant tumors. Several cases of inoperable round-cell sarcoma were removed by the X-ray, after the toxins had failed, yet all of them recovered. The X-ray has little effect on spindle-cell sarcoma; it is this variety that takes most kindly to the toxin treatment. The round-cell variety is benefited most by the X-ray treatment, the toxins being of very little benefit. It is probable that the combination of toxins and X-ray give the best results. No definite rules, as yet, can be laid down as to the time of exposure and the distance of the tube, as X-ray treatment is still in the experimental stage. The patients should always be cautioned as to the liability of burns; all risks should be assumed by them, as the danger of burns is imminent. Quite a number of cases have shown that a toxæmia may develop, by the rapid breaking down of vascular tumors by the X-ray treatment and the resulting absorption of necrotic products. The X-ray has been made use of too short a time to allow it to be said that it is the only treatment for superficial epithelioma or rodent ulcer.

Some of these cases respond very rapidly to X-ray treatment, while others may be under treatment for a year before the disease disappears, and then may recur. This experience has led him to the conclusion that the X-ray is a valuable therapeutic agent for all the varieties of inoperable cancers. The results, so far, warrant the use of the X-ray in inoperable malignant disease; but we should not substitute it for excision in primary operable tumors. Primary sarcomata of the lymph-glands have responded best to the X-ray treatment.—*Med. Record*, March 21, 1903.

Bernard E. Bigler, M.D.

CALCIUM CHLORIDE IN HÆMOPHILIA.—G. W. Parry used this remedy with gratifying results in the arrest of a severe hæmorrhage from a small interdental fissure. During four days he used plugs of cotton and wool, steeped in styptics; namely, alum, tannic acid, turpentine, perchloride of iron and adrenalin chloride. The hæmorrhage would sometimes cease for 15 or 20 minutes, but would soon recur as severe as ever. Adrenalin gave the best results, 1 in 1000 solution being used. The bleeding was diminished, but not stopped. The hæmorrhage continued for 5 days, the patient becoming quite anæmic. Calcium chloride was tried, a solution of 20 grs. to the ounce being used; this was freshly applied on pledgets of cotton-wool inserted into the cavity. It was continued until no blood showed on the pledgets. There was no return of the hæmorrhage. Hæmophilia was hereditary.—*Lancet*, February 21, 1903.

Bernard E. Bigler, M.D.

INVERSION OF THE PATIENT IN ACUTE PULMONARY ŒDEMA IN YOUNG CHILDREN.—Pulmonary œdema in children is not common, but Dr. Thos. S

Southworth has, from time to time, encountered cases at the Randall's Island Hospital (New York City). He reports the case of an infant that suddenly developed signs of pulmonary œdema without the slightest premonitory symptoms (*New York Academy of Medicine*, April 9, 1903). The house-physician inverted the child and made stroking pressure on the chest, in order to force the accumulated serous fluid from the bronchi. He succeeded in bringing about a discharge of frothy mucus from the mouth and nose, and the infant recovered.

No signs of cardiac or renal disease were to be discovered. The conclusion to which the writer was forced was that the attack originated from a gastrointestinal disturbance, as the patient passed large stools, containing undigested food, on the following day. Besides, the attack occurred after supper, and the child had been suffering from diarrhœa.—*New York Medical Record*, April 18, 1903.

C. Sigmund Raue, M.D.

SOME NOTES ON THE OPIUM-HABIT AND ITS TREATMENT.—(Jelliffe.)—In speaking of the habit the writer says, "it would be futile to attempt, at the present time, to compute the number of people who use this drug; but there can be no doubt that its habitual use is very extensive, and its occasional indulgence is enormous." Opium-takers comprise all those who take the drug in its different forms, as laudanum, paregoric, the extract, etc., by the mouth, vagina or rectum; a second and very large class absorb the drug by smoking; a third class who use the drug hypodermatically. Roughly estimated in New York City, its habitual use is confined to perhaps 30,000 individuals. That the drug is used to an almost unknown amount is certain, but any effort leading to the positive determination of the number of habitues must necessarily be futile. As to the treatment, it must be remembered that the habit, once acquired, is far stronger than alcoholism; hence the portrayal of the hell of a confirmed habitue cannot be too strongly painted, if, by doing so, we can have it all as a prophylactic. It must also be remembered that the habit is "paroxysmal" with some, and that others discontinue its use by change of scene and surroundings, or by an intense effort of the will.

The cardinal principles on which a rational therapy are to be founded are: (a) A substitution of different ideas by suggestion, and (b) the substitution of different sensations by other drugs.

Many drugs have been employed to carry out this idea of substitution, but have not been of service outside of institutions or "close watching."

The details of the Macleod method are, 120 grains sodium-bromide are given in a half-tumbler of water every two hours during daytime, until one ounce has been taken in one day. It is safe to stop the administration after twenty-four hours if the patient is quite drowsy. After second day of sleep, the bromide is withdrawn. Rectal feeding is instituted.

Heroin is the next drug selected, and is used "for its blissful feeling of tranquility, accompanied by a sharpening of the intellectual faculties." All anxieties are forgotten in the pleasure of simply living. Under the use of heroin, practically all the sensations of morphia are reproduced, but there are certain points of difference. The sense of "euphoria" is not an exhilaration of the central functions, neither is it a forgetfulness of all external impressions, nor the joy of living in a world apart; it is simply a cessation of the craving.



In its use there is a marked relief from pain and a delicious sense of pleasurable warmth and comfort which steals over the body. The sense of weakness disappears.—*The American Journal of the Medical Sciences*, May, 1903.

William F. Baker, A.M., M.D.

**IDIOSYNCRASY TO QUININE.**—Dr. H. W. Stelwagon observed a man, otherwise in good health, who, after the use of quinine, internally or externally, even in very small doses, would present a scarlatiniform eruption, with subsequent desquamation. The process would persist for several weeks. (I once observed such a case in a man, who related me his history. When a boy, one day, when overheated, he bathed in a barrel of cold water. This was followed by an intense dermatitis of the whole body, with subsequent desquamation. Since then, whenever he is given quinine, even in the smallest doses, the palms of his hands and the soles of his feet begin to itch, the skin reddens and swells, and, finally, desquamates in enormous casts, like gloves. One day I saw him with these great epithelial and nearly desquamated pads on his palms. The whole process took about six weeks. Sometimes he would shed his skin spontaneously, but quinine would almost bring it on.)

Frank H. Pritchard, M.D.

**BARLOW'S DISEASE, INFANTILE SCURVY AND ITS DIAGNOSIS; A DISEASE TO BE REMEMBERED IN OUR DAYS OF "BABY"-FOODS.**—Prof. O. Heubner, of Berlin, in a very interesting paper, read before the Berlin Medical Society, called attention to this peculiar disease, which is probably better known in America and England than in Germany, though it is now rather rapidly increasing in Berlin. It is really no longer a pathological curiosity. It was first described by Prof. Moeller, of Königsberg, Germany, about fifty years ago. The Danes have called it after him in his honor. It was first thought to be an acute rachitis, but now it is generally held to be a form of scurvy.

The characteristic signs and symptoms are met with usually in young children—nurslings. Usually the infant has thrived, may, indeed, be above the normal in weight, got its teeth at the proper time, and may have tried to walk at the end of the first year. All at once it begins to be peevish, cross and to lose its appetite. In many, but not in all, cases it takes on an earthy, pale and an almost cachectic appearance. But it seems to suffer from violent pains on being touched or lifted, especially pains of the lower extremities. Whenever the mother takes it up to bathe it, or for any other purpose, instead of being pleased, as formerly, it begins to cry violently and to draw up its legs. When laid down, it prefers to lie with its legs drawn up. When lying on its back it may look like a healthy child, and soon becomes quiet. This sensitiveness to touch is peculiar to rickets, and, in consequence, the child is put through a course of phosphorus, lime, salts, etc., without result. A rachitic child complains more if touched on the thorax, more rarely if the legs are grasped. The child becomes paler, its muscles flabbier, its fatty tissues softer, and it does not increase in weight. Soon to the pains are added swellings of the lower extremities, near the joints. If one examine carefully, one will see that not the joints themselves, but the epiphyses, are affected; most frequently those of the knees, with extension of the swelling up along the femur. The skin overlying the swelling is tense; there may be some fever, and often a mistaken diagnosis of rheumatism is made. Later, the

tibiæ are involved, and a diagnosis of multiple osteomyelitis has been made by able diagnosticians. If the child has teethed, the gums, and more particularly the gums around the incisor teeth, will be found bloodily suffused, though the rest may be affected. They are thick, bluish-red, bleed easily and they may be so swollen as to cover half the surface of the teeth.

None of these little patients had been breast-fed children; all had been artificially nourished. Many had been under the care of able physicians, and they had been fed according to the rules usually followed in artificially feeding infants. Some had received Pasteurized milk from the best dairies in Berlin, some had employed Soxhlet's apparatus for sterilizing milk, others had been fed on milk-preparations, as condensed-milk, albumose-milk, somatose-milk, while still others had received chiefly a diet rich in boiled-milk, but containing other diluents. None of these patients had been nourished on "fresh" foods. In fact, all had made it a practice to boil the milk, even if for a few moments. Herein lies, probably, the cause of the disease, for boiling is thought to destroy certain ferments necessary to the nutrition of a child. The majority of children make up this defect by their own digestive organs, but a few fail, and Barlow's disease arises. There may be a separation of the epiphysis from the shaft of the bone, hæmorrhages under the skin, mucous membranes or into the kidneys (hæmaturia). In a number of his cases he observed a complicating hæmorrhagic nephritis.

The effect of the proper treatment is marvelous. Diet is of first importance; no medicine is necessary. Feed raw-milk, meat-juice and the juices of unstewed fruits; indeed, in the first and most serious cases which he saw, he changed the food to raw-milk. In one, the enlargement of the child's thigh was so great that amputation of the thigh had been proposed by a surgeon. This child had been fed on boiled-milk for months. It has been under observation for four years, and is wholly restored to health, though mentally it has not developed as it should have done. It has never shown any signs of bowel disturbances. It is really remarkable how quickly the appetite of these little children improves when they are given unboiled-milk instead of the insipid boiled-preparation. In children over six months, he does not dilute the milk at all, and orders from three-quarters to one litre a day to be fed; if it disagrees, he advises mixing it with one-third Mellin's food or diluting it with one-half water. The milk and diluent solution are warmed to the temperature of the body and then mixed. If the milk is not boiled, the daily quantity should be kept in a bottle and on ice continually. Besides the milk, the child should receive, three times a day, two to three teaspoonsful of freshly-expressed meat-juice; 40 to 50 gms. of meat will be required for this much juice. About as often after the second, fourth and fifth meals, such children should be given a teaspoonful of apple-, cherry-, raspberry- or strawberry-juice, pressed from the raw berries or fruit. Finally, children of nine months or over may be fed, after the third meal, a few teaspoonsful of potato, spinach, turnip-purée, or even the juice of raw turnips may be given. If diarrhœa appear, one has merely to leave off these fruit-juices, and to give only milk for a few days, diluted with some farinaceous diluent. This diet, to the astonishment of the parents, is usually well borne, and soon leads to a remarkable improvement. If the disease be misunderstood, it may go on to a fatal ending, as a number of cases have shown. The



changes in the bone-marrow may bring about a very grave anæmia which may become dangerous.—*Berliner Klinische Wochenschrift*, No. 13, 1903.

Frank H. Pritchard, M.D.

**THE DANGERS OF RAILROAD TRIPS IN HIGH ALTITUDES, ESPECIALLY FOR ELDERLY PERSONS.**—Dr. Th. Zanger warns against the dangers to which elderly persons are exposed by suddenly reaching high altitudes, as now is possible by means of mountain and cog-wheel railroads. Differences of 1000–2000 metres may easily be attained in a very short time, even within an hour. This is safe, for those with normal hearts; but for those with arterio-sclerosis or slight degeneration of the heart-muscle, and in those along in years, who feel that their heart is no longer as strong as it was in their prime. Everyone knows that these ill and heart-patients should not make trips into the mountains; to these he does not refer, but those who, in the valleys, are free from symptoms and who, on attempting to climb slight elevation, soon get out of breath. Such patients should first accustom themselves to the valleys, or by gradual and slow ascents, before trusting themselves to such great differences in altitude. Thus, they should remain a few days in Zermatt before making a trip up to Gornergrat (1400 metres difference). Usually, the tourists proceed from Lake Geneva up to Gornergrat and down again the same day. If such persons are only affected with dyspnœa, congestion of the head, vertigo, roaring in the ears, a feeling of suffocation or attacks of angina pectoris, they are getting off easily. Zanger has observed severe apoplectic attacks and similar states, almost complete heart-collapse, which persisted for days and even weeks. He has also seen cases where the serious effects were noticed only a few days after the trip. Any one over 60 should test his heart and lungs before steaming into the region of snow, and, above all, not hurry.—*Schweizer Correspondenzblatt*, No. 5, 1903.

Frank H. Pritchard, M.D.

**INTRAVENOUS AND SUBCUTANEOUS INJECTIONS OF SALT WATER IN ACUTE ANÆMIA.**—Dr. Frederik Zachrisson, of Upsala, Sweden, in an inaugural thesis, has studied this question quite thoroughly. He presents the literature from the first experiments of Cardanus (1556), with transfusion of blood, down to its rejection by the profession in 1880, and the gradual substitution of injections of salt water. He has studied the subject wholly from a theoretical and an experimental standpoint as to its usefulness. His experiments, over eighty, were made on rabbits. He observed that rabbits would die after they had lost 3.06 per cent. of their body-weight, when, if salt water be immediately infused, only one-fifth of the number would die. Even in cases where he waited until signs of certain death set in, salt-water injection would save them. These signs are cessation of the pulse and respiration, abolition of the corneal reflex, etc. He asserts that in acute anæmias the organism still contains enough of the specific constituents of the blood to maintain life, but there is not sufficient fluid circulating to bring them into the vascular system; this lack is overcome by the indifferent salt-water solution. The necessary composition of this solution is still a matter to be determined by future investigation. The physiological salt solution is somewhat too weak, he claims, to be “physiological.” Subcutaneous injection is much slower and weaker in its action than intravenous infusion.—*Afhandling for Doktorgraden*, Upsala, 1902.

Frank H. Pritchard, M.D.



## MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND  
THERAPEUTICS.

CONDUCTED BY O. S. HAINES, M.D.,

with the collaboration in German literature of C. Sigmund Raue, M.D.,  
and in French literature of Charles Platt, M.D.

**SIMPLE TREATMENT FOR PAINFUL BOILS.**—W. K. Smith, M.D., recalls his unfavorable experiences with the various treatments that have been proposed for the troublesome affection, furunculosis, and says, that he now invariably has the best success with the following method. He uses soft linen or borated gauze. Upon one side of this he rubs some vaseline. Then pours over it chloroform, and quickly applies it to the unopened boil or carbuncle, placing a bandage over all. Slight smarting follows, which soon gives place to an agreeable cool sensation. This application is to be renewed often. The author asserts that in from a few hours to one day an indurated and painful boil will soften and discharge.—*Eclectic Med. Journal*.

**ICHTHYOL.**—Dr. William H. Diffenbach, M.D., in *Alpha Sigma*, publishes some interesting provings of ichthyol upon women. One of the provers relates the following interesting observation: For twelve years previous to her proving, she had invariably suffered much pain during the first and, sometimes, the second day of her menstrual period. This pain was accompanied by much *nausea*. She had taken the ichthyol 1x dilution, for two days, when her menstruation came on, without a bit of pain or distress, and there was no nausea. It is to be noticed that ichthyol sometimes produces nausea in the provers, and, perhaps, in this drug, we shall find another remedy homœopathic to certain forms of dysmenorrhœa.

**LOBELIA INFLATA.**—Dr. Edward R. Snader has found the lobelia a very useful medicine in a condition that is not always readily ameliorated. He prescribed it a number of times when the entire chest of his patient seemed, upon auscultation, to be completely *full of râles*. In the resolving stage of pneumonia, when this feature is prominent, and much wheezing and rattling and many râles are present, the presence of some pulmonary œdema would not, by any means, contraindicate the medicine. On the contrary, this observer has found great relief from lobelia in actual cases of severe pulmonary œdema. This state of lung, in which auscultation reveals the entire chest apparently full of râles, is one that obtains in many pulmonary complaints. We may meet it with antimonium tart., with ipecac, and other remedies, according to our prominent indications; but the addition of lobelia to our rather scanty armamentarium for this condition will, doubtless, be welcome.

LYCOPUS VIRGINICA.—We were rather surprised to hear Dr. W. D. Bayley praise the lycopus in the troublesome *sleeplessness of neurotics*. This is a condition in which its use is new to us. Lycopus is rapidly forging to the front, as a veritable polycryst, in the estimation of those who have used it freely. In our materia medica are numerous remedies that are practically neglected by the mass of our profession. To be sure, some of these useful remedies have a sphere of action that is comparatively limited; yet, in their special spheres, they are most effective. We homœopaths should rummage a little among the hidden wealth that lies buried, as it were, in our materia medica and old journals. It's a fascinating and useful employment for the odd moments of any doctor. And, even "the busy practitioner" has moments.

CHLOR-ANÆMIA TREATED WITH SODIUM CACODYLATE.—Dr. J. Galley Blackley, London, relates, in detail, the interesting history of a case of chlor-anæmia treated most successfully by the above-mentioned drug, after a practical failure of such remedies as arsenicum, phosphorus and Fowler's solution. Dr. Blackley never does anything by halves, so we have every diagnostic evidence necessary to tell us what was cured. We find that there was the characteristic bruit de souffle over the heart and great vessels, and, also, that while the number of red corpuscles averaged as much as 63 per cent. of normal, the amount of hæmoglobin available for these corpuscles averaged only 30 per cent. The remedy was prescribed in tablet form, the dose being one-fourth of a grain.—*The American Physician*.

THYROIDIN IN PSORIASIS.—Dr. Edward S. Haines reports a case of psoriasis in which the entire surface of the back, forearms and the scalp, to edges of hair, were the parts affected. The case had been previously submitted to various internal and local treatments without having obtained much improvement. She was placed upon the third decimal trituration of thyroidin, after her physician had read of the efficacy of that remedy in one of our "Retrospect" excerpts; and within one week after the beginning of this treatment a change for the better was observed. After four weeks' use of the thyroidin the patient felt that she was practically well. There were no local measures used, save that the scalp was thoroughly washed to remove the *débris*. This prompt amelioration would seem to indicate the advisability of further trial of the remedy, which is comparatively new in the therapeutics of this intractable skin affection.

MALANDRINUM.—For years, I have been battling with skin-diseases, but not with the success that I desired. Since I began to use malandrimum, in any potency above the 30th, I have had far better success than I ever obtained with arsenic, hepar, sulphur or any other remedy. So speaks Dr. Graybill, in *Medical Counselor*. This author has concluded that many skin troubles are brought about by vaccination, hence his choice of this odd remedy. It is an interesting fact that the immortal Jenner himself claimed that cow-pox originated in an infection of the udders of cows by contact with grass on which a horse, infected with "Grease," had trodden. Malandrimum, the remedy claimed by some to be a protective against small-pox infection, is a nosode of this disease in horses known as "Grease."

THE POINT OF VIEW.—Dr. S. A. Jones thinks that the teaching of medicine has markedly deteriorated during the last century. The mistrust of

therapeutics is the mark of this decadence, and it is doing its pernicious work in the homœopathic school nearly as thoroughly as it is in the dominant school. But Dr. Jones, further along in his article upon Medical Education, in *Medical Counselor*, asks a question that implies a charge. He asks: "What clinical professor is there to-day who walks his wards with a following of students, and, his bedside service ended, marches them to the amphitheatre and delivers a lecture on whatever cases of disease happen to especially command his attention that day?" "A lecture delivered out of the very fulness of his knowledge, and the cases that his class have been examining!" If Dr. Jones really wishes to know, we can give him the names and addresses of several teachers who are *trying* to teach clinical medicine in about the excellent manner that he seems to think is extinct; although the melodramatic march of teacher and students, from wards to the amphitheatre, is not billed as a special feature.

CHELIDONIUM MAJUS IN SEROUS EFFUSIONS.—Dr. W. L. Smith, of Denison, Texas, reports his experience with this drug in several interesting cases, which are worthy of note. The first case, a child of 10 months, had been suffering for some days with a severe attack of enterocolitis. There was also present in this case an immense hydrocele, which had begun to accumulate some time before the occurrence of the intestinal affection. Chelidonium was prescribed, and cured both the colitis and the hydrocele. Shortly after this experience, the doctor was called to a case of general anasarca, the sequence of scarlet fever. Other remedies failing, he again gave chelidonium, this time in the 200th potency. A prompt cure again resulted. Quite recently, the author was asked to prescribe for a case of ascites in a child 8 years of age. The child had been ailing for a year, but the dropsical condition had been present only four months. The abdomen was distended to the utmost, the skin upon each leg had burst, the pleural cavities were filled with fluid, so that respiration was almost impossible. There was slight jaundice, no appetite, but a strange craving for mud and mortar. Chelidonium, in drop doses, caused the kidneys to act well and produced a diarrhœa. The dropsical effusion subsided rapidly, so that upon the third night after the beginning of this treatment the child could lie and sleep. Unfortunately, the parents became alarmed at the continuance of the diarrhœa and checked it with laudanum. The kidneys, thereupon, also ceased their action, and the child died. These cases are very suggestive of the probable usefulness of chelidonium in various conditions, associated with serous accumulations within cavities. Dr. R. H. Ghosh, of Calcutta, has also cured hydrocele with this remedy. He also obtained great amelioration in some cases of cirrhosis of the liver associated with ascites. His article appeared in the pages of the *HAHNEMANNIAN* for 1891, folio 231.—*Medical Advance*.

THE VOMITING OF PREGNANCY.—Dr. R. S. Martin, in *Virginia Medical Semi-Monthly*, relates a number of cases in proof of the well-known fact that obstinate vomiting during pregnancy frequently depends upon abnormal positions of the uterus, indurations and erosions. He shows us that unless we actually examine these cases, ascertain and treat the local lesion, we cannot hope to do anything by internal medicaments. Reposition of the misplaced uterus, careful softening and dilatation of the cervix, and local applications of tincture of iodine, together with strychnia, internally, cured some very obstinate and serious cases for the author.



URANIUM NITRICUM.—In a recent paper, published in *N. A. Journal of Hom.*, Dr. Francois Cartier calls attention to the changes produced in the liver by uranium nitricum. This remedy has been principally prescribed by our school in cases of glycosuria and in true diabetes. There has been some difference in opinion as to its usefulness in these affections. Doubtless the remedy has signally failed in many cases of diabetes mellitus; but this is a disease in which failures are more common than successes. The alterations produced in the hepatic cells by uranium are very marked. Beginning with the production of certain hyaline corpuscles, which may be quite numerous in a cell, the pathological process goes on until there is complete destruction of the cell and disappearance of its nucleus. Dr. Cartier argues, and justly, too, that a poison that can kill the hepatic cells is worthy of a trial in diseases of the liver. It must certainly bear a homœopathic relationship to some of the destructive diseases of that organ. The author's clinical experience rather bears out this statement, although we need a wider experience with the drug before we may establish its place in hepatic therapeutics. In one case—a diabetic, with hypertrophied liver—the remedy markedly reduced the size of the liver, although it did not, apparently, influence the glycosuria. In another case of hypertrophied liver, not due to either syphilis, alcoholism, nor malaria, but accompanied by jaundice, pain in the liver and gastric disturbances, the remedy relieved all the symptoms, and again reduced the liver, but did not cause it to return to its normal size. In two cases of undoubted cancer of the liver, uranium was useful in relieving symptoms and in affording general relief. Dr. Cartier describes some peculiar cases in which there occurred chills, fever and sweats, associated with headache. The secretion of the bile was scanty, the apparent result being toxic intestinal fermentation. Then followed the peculiar crises already referred to. The stools were grayish in color. It was thought that the liver was smaller than normal. *Eupatorium perfoliatum* generally relieved the actual attacks, but did not prevent recurrences. Uranium nitricum was effective in preventing the returns. The author attributed these attacks to alimentary intoxication. There is much that is suggestive of the possible value of the remedy in other hepatic conditions. Thus, in "alcoholic constipation," or that condition associated with much gaseous fermentation and bloating during digestion, with very light-colored stools and marked constipation, the uranium has been very effective.

THERAPEUTICS vs. SURGERY.—Dr. G. W. Bowen relates his successful application of the homœopathic remedies in an unpromising case of necrosis of the femur along almost its entire extent. The knee-joint had been immovable for six months and the hip-joint was ankylosed, the least attempt at movement causing great distress. There was an exostosis on the inner surface of the femur, six inches in length and four inches wide. The limb has been partially operated upon by Dr. Bowen's predecessor without relief, and he has decided that it would be necessary to chisel away all of the dead bone before the patient could hope to recover. We do not believe that the author wishes to give his readers the impression that internal medicine is preferable to the resources of modern surgery, in cases that urgently call for the latter, because he is a discriminating homœopath. It is hardly possible that anyone would, to-day, think of allowing the physician to usurp the place of the surgeon. The remedies prescribed for this case were, at first, belladonna and

bryonia, in alternation. In two weeks the hip was much better, not so tender and could be moved slightly. Then the patient received belladonna and adrenalin, each in the first centesimal potency, in alternation. In another fortnight the hip was almost well. Some spicules of bone had, also, been forced out of the incisions that had been made. After this, the patient received belladonna and silica in alternation. The exostosis finally disappeared, all pain and tenderness ceased, and, finally, after the adhesions about the knee-joint had been broken up, the man could discard crutches, and has had no trouble with his limb since. The impression that one gets from such a record is this: It is better, in such cases, to operate *thoroughly* at first. After thorough operation, our internal remedies, selected according to our law, become very helpful agents in assisting and promoting the reparative processes of nature. Any other deductions, for or against either medical or surgical methods in such cases, would be most injudicious. They retard the growth of homœopathy. Homœopathy is such a great and noble science that it can afford to stick to its own sphere, where it can exercise its greatest powers. It can, also, afford to recognize the wonderful advances in the other departments of therapeutics as the world rolls on.—*N. A. Jour.*

THE TREATMENT OF WHOOPING-COUGH.—Whooping-cough is still one of the diseases for which we do not possess a specific. This spring we have encountered a number of cases of persistent, spasmodic cough in young children, accompanied with the evidences of bronchitis that pursued the course of whooping-cough up to a certain stage, and then aborted. They were, however, not cases of pertussis, but simply a spasmodic bronchitis. Had we been enthusiastic over the treatment employed, we might have been led to believe that the remedies used had aborted the disease.

There are still those who honestly believe that drosera and carbo-veg. can abort whooping-cough. The list of remedies recommended is, indeed, a long one, and only goes to prove that there is no uniformity in the treatment, and that, on the whole, it is unsatisfactory.

Personally, we have found only a few remedies that exert any influence over the cough. First of all stands belladonna. Jacobi (*Therapeutics of Infancy and Childhood*) looks upon belladonna as the best of the long caravan of remedies that have traveled over this therapeutic field. He goes as far as to state that the very best results are obtained in the cases where the drug was pushed to the point of producing physiological symptoms (erythema). This, however, is not necessary. Drop-doses of the tincture, every three to four hours, or a dilution, where this seems to produce drug-symptoms, is sufficient dosing.

Ipecac is a valuable remedy where there is much vomiting and free secretion.

Mephitis, 1x dilution, has given good results where the spasmodic element was pronounced and suffocation seemed imminent. A characteristic symptom of this drug is the passage of offensive flatus or fæces during the paroxysm.

Coccus cacti has also proven useful when the expectoration was ropy and tenacious.

The creasote products are most valuable adjuvants in the form of inhalations. They should always be vaporized with plenty of steam, preferably at

night. The spraying of a weak solution of formalin about the room occupied by the child, with an atomizer, has also given encouraging results.

**A NEW REMEDY FOR INFLUENZA.**—Germany, the land of new remedies, has given us an addition to our materia medica against influenza. Even the homœopath in that land of research is not entirely satisfied with the 400-odd, well-chosen and proven herbs, poisons, nosodes and minerals at his command. Dr. Kirn, of Pforzheim, has used a potentized preparation of pure culture of the Pfeiffer bacillus in his cases of influenza, and claims most excellent results. In the first place, if the patient obtained the remedy early, such complications as catarrhal pneumonia and cerebral disturbances were “cut out.” Dr. Kirn assures his readers that he only lost one case of influenza during the winter, and that was a lady 80 years old, which, of course, is excusable. Colleague Nevel made a proving of influenza, or, as Dr. Kirn prefers to have us call it, “pandemicum,” and experienced a most annoying weakness of the legs, together with frontal headache. He also reports good results in the cases of grippe coming under his notice.—*Allgemeine Homœopathische Zeitung*, March 12, 1903.

**A CURE FOR CANCER.**—A prominent German homœopathic medical journal makes the following announcement (for a consideration): “Mars’ Cancer Remedy, fresh. A consignment of Missionary Mars’ cancer cure has been received. Put up in 10 gm.-packages, 2 marks. — — —, Homœopathic Pharmacists.”

**SODIUM IODIDE IN ACNE.**—Wagner claims that the prevalent belief ascribing to the iodine in sodium and potassium iodide, the chief therapeutic activity of these drugs in acne, is in error; it is, rather, he says, the alkali base, the sodium or the potassium that is of importance. Workmen engaged in the manufacture of chlorine, by the electrolytic decomposition of sodium chloride, suffer constantly from a general acne, and this has been demonstrated to be due not to the chlorine gas, nor to the hypochlorite of soda, but to the soda itself. Giving then the base its proper value it is understandable why some cases, *e. g.*, the inflammatory forms, are benefited by the potassium salt, while others show greatest improvement with the sodium compound; both contain iodine, but the active base is different. Wagner, by the way, obtains far better results in the treatment of acne by the above salts than he does by any other medicament. Many times an acne vulgaris will disappear rapidly under the influence of sodium iodide in the 3d dilution, 3 doses per day.—*L’Art Medical*, April, 1903.

**PARIERA BRAVA IN NEPHRITIC COLIC.**—Dr. Sieffert pronounces pariera brava the remedy *par excellence* in nephritic colic, and, having had ample opportunity for self-experimentation, recommends the following dosage. As soon as the first symptoms appear he takes four drops of the mother-tincture, then, every quarter of an hour, two drops of the 6th centesimal dilution, along with an abundance of milk. The pain, strangury and tenesmus are all relieved.

**HAMAMELIS IN HÆMORRHOIDS.**—In painful hæmorrhoids, Dr. Sieffert gets best results with a local application of fluid extract of hamamelis, 3 grams, vaseline, 30 grams, lanolin, q. s. Internally, he gives 20 drops of the fluid extract each day—dividing this generally into four doses.—*Revue Homœopathique Française*, April, 1903.



**COLLARGOL.**—P. Jousset calls attention to the fact that, while collargol is not entitled to the high position formerly accorded it, that it is still a valuable remedy when administered according to the indications. What these indications are, Jousset is endeavoring to establish by careful experiment. Administering graded doses to small animals, he has demonstrated that the toxic action is slight, but that, with long-continued use, there has resulted a violent diarrhœa and death. The peritoneal cavity in each case contained a bloody fluid, and kidneys and liver were greatly congested.

An hysterical girl, with a mitral lesion of rheumatic origin, entered the hospital (Saint-Jacques) to be treated for a left-sided pleurisy. Thoracentesis became necessary, and was performed twice. Under bryonia and cantharis the pleurisy disappeared, but the patient then suffered from retention of urine, and the catheter was used, only to be followed in forty-eight hours by an infectious nephritis, with great pain in the region of the left kidney, elevation of temperature, scanty, foetid, pus-carrying urine. Collargol, internally, in a dose of 0.04 centigram, in four pills, produced an amelioration in twenty-four hours. A few days later, a return of the symptoms called for a repetition of the dose. Recovery was rapid, and a complete cure was effected.

A second patient suffered from a chronic interstitial nephritis, with the usual pale urine (two litres per day), containing only from 1.5 grams to 3 grams of urea. A purulent deposit lead to the suspicion of a tubercular origin for the nephritis. Acute inflammatory attacks were frequent, showing themselves with high fever, great renal pain, abundant urine and a variable amount of pus. These acute complications ceased after two or three days of collargol in pill form, 0.04 centigram per day. Collargol was then continued, with the hope of modifying the chronic nephritis, but with the result that accidents due to the medicaments were obtained—violent headache, ceasing when the collargol was stopped, and diarrhœa, which yielded to *veratrum alb.*—*L'Art Medical*, April, 1903.

**ADMINISTRATION OF COLLARGOL.**—M. Netter is enthusiastic over the value of collargol, and has announced its successful use in a long series of cases,—in pericarditis, in pneumonia, in typhoid, in diphtheria (with “marvelous results”), in scarlatina, in cerebro-spinal meningitis, etc. Administration by inunction or by intravenous injection is to be preferred. Subcutaneous injections have not been so successful, while internal administration has been employed only a few times, and should be reserved for affections of the digestive tract or of the nervous-system. Inunction is the simplest and most usual method of administration; that it is effective has been proven by detection of silver in the viscera. The skin should be prepared as follows: Wash with soap and water, then with bichloride solution, and, finally, with alcohol or ether; dry, and rub briskly with a brush. Fifteen to thirty minutes should be employed in making the inunction, and the dose of collargol should be 1, 2 or 3 grams, according to age of the patient.

Intravenous injections are to be made with the usual precautions, and they should be used when quick and energetic action is required, as, for instance, in puerperal infection, in infectious endocarditis, in grave cases of diphtheria, etc. In generalized œdema and in profound anæmia, intravenous injection may be preferred, on account of the lowered absorptive-power of the skin.

In general, the improvement in the case is evident within a short time, though the action may be delayed and may require a repetition of the dose. Stupor disappears, the patient manifests interest in surroundings, demands food or drink, the pulse improves, the heart becomes more regular, and the temperature is lowered.—*L'Art Medical*, February, 1903.

THE DISADVANTAGES OF SOME ALCOHOLIC TINCTURES.—Dr. John Uri Lloyd thinks that, in some instances, alcohol is objectionable as a constituent of plant preparations. Alcohol is a disorganizer of many compounds. For examples: Uva ursi is a very valuable remedy in decoction or in infusion, but it lost its reputation when physicians turned to the fluid extract. Couch grass, or the triticum repens, is a most valuable remedy in infusion. Alcoholic preparations of this latter are of no value. The infusion should be made fresh each day by pouring a pint of boiling-water over one ounce of the cut grass, stirring occasionally until cool, and then straining. So prepared, it may be depended upon.—*Eclectic Med. Gleaner*. Dr. W. E. Bloyer regards triticum as one of the useful fever-remedies in grave cases of acute disease, diphtheria, typhoid or others of septic nature; while the bowels may sometimes be inactive for some time, a few hours' refusal to act on the part of the kidneys is sometimes perilous. Triticum produces much, but not all, of its beneficent effects by gently flushing the urinary tract by an increased flow of clear urine. It may be regarded as a quieting, non-irritating, non-stimulating remedy. When there is much irritation of the bladder, kidneys or prostate, it is soothing. When residual urine has provoked irritation and has invited or provoked the formation of liths or stone, it may relieve or even overcome this tendency. It lessens dysuria, tenesmus and strangury. These observations are clinical, and some of the eclectic hints will be found to be very valuable. The tincture of couch grass has often seemed to us rather ineffective. It may be that Dr. Lloyd's observations regarding the neutralizing effects of alcohol upon certain plant preparations will explain its failures.

THE USES OF THE MEDICAL SOCIETY.—Dr. H. M. Bishop, in *Pacific Coast Journal of Homœopathy* for April, has some things to say about "The Equities of Practical Medicine." During the course of his paper, he speaks of the well-conducted medical society as one of the best possible post-graduate schools for inculcating equitable consideration and respect for the opinions of others. In such a society the wheat is garnered from the chaff, providing too much time is not spent in a rehash of compilations from text-books. It should be an exchange and clearing-house of clinical experiences and practical results, where the busy practitioner can give and receive information of untold usefulness that is elsewhere unobtainable. We meet in the medical society to learn and to impart the verities and realities of accomplished facts, not to be beguiled with the allurements of theories, beliefs and fads of the imagination. Regular attendance at the meetings of the medical society is a duty which no physician can afford to neglect. We feel sure that the neglect of this duty will react unfavorably upon the man who fails to attend. A man may surely be a Christian and yet neglect to attend his church, but he surely ought not to do this. Likewise, a man may be a doctor and yet never attend his medical societies; but who desires such a physician to attend him in illness? The physician who does not attend his society meetings, whenever it is possible, is pursuing his chosen profession in a half-hearted way that is anything but admirable.

# THE HAHNEMANNIAN MONTHLY.

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JULY, 1903.

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## PNEUMONIA IN THE AGED.

BY JOHN PRENTICE RAND, M.D., MONSON, MASS.

(Read before the American Institute of Homœopathy, Boston, June 26, 1903.)

PNEUMONIA is always a serious disease. Even among the young and middle-aged it frequently proves fatal, while in those advanced in years it is almost invariably so. Surgeon Banks, of the Marine Hospital Service, has recently made a report to Washington relative to the prevalence of pneumonia at Chicago. Of 5541 deaths in the two months reported, 1186, or 22 per cent. of the entire number of deaths, were caused by pneumonia.

The *Medical Annual*, for 1902, quotes from an author who affirms that, of all people in this country who reach the age of 75 in good health, 90 per cent. die of pneumonia.

Osler calls pneumonia "the friend of the aged, by which they escape the cold gradations of decay." Had he added the words, "under allopathic treatment," he would have come distressingly near to the truth.

Now, I do not propose to take your time by repeating any of the stereotyped descriptions of pneumonia as they appear in the books. We are all familiar with the physical signs supposed to be present, whether we are able to recognize them at the bedside or not; but I wish to call your attention, in a brief way, to some of the general characteristics of the disease as they appear in old people, and to what I consider essential points in the treatment.



If we look for the typical picture of pneumonia in the aged, we shall almost surely be disappointed. The sharp, initial chill is seldom present, and the physical signs are not characteristic. Many old people have a chronic bronchitis with a jerky respiration in health, which greatly obscures the ordinary evidences of pneumonia. The crepitant and subcrepitant râles are often completely lost. Even the ordinary respiratory-sounds are absent, owing to the inelasticity of the pulmonary vesicles, and bronchial breathing takes their place. Percussion, too, is unreliable, from the bulging and ossification of the costal cartilages; in short, to recognize pneumonia by percussion, at the best, is often a doubtful procedure.

The temperature is as erratic as the other physical signs; it seldom starts in so abruptly or runs as high as in the typical case; sometimes, at the start, it will hardly register above the normal.

There is one symptom, however, which, in varying degrees, is almost sure to be present,—in fact, I should hesitate to make a diagnosis without it,—and that is, a bloody expectoration. Oftentimes it is scanty—a mere trace—and, unless one is alert, will wholly escape observation; but, usually, it is present and, if it cannot be accounted for in some other way, may be considered as almost positive evidence of the disease.

The most hopeless cases, perhaps, are without expectoration from the very first, and, of course, in such cases, there would be no opportunity to observe the sputum. Loomis says: "When an old person has a slight rigor, followed by febrile movement with great prostration, for which no explanation can be found, pneumonia may be suspected, even though all the diagnostic signs of the disease are absent. After 60, the prognosis is exceedingly grave, and the greater the age of the patient the less his chances for recovery."

Associated with the pulmonary condition we get a general sclerosis of the arteries and of the cardiac muscle. Both heart and lungs conspire to bring about a fatal result. And yet, the disease is not always fatal. In the young or middle-aged, under homœopathic treatment, recovery is almost sure to follow. Even in infants and those advanced in life I have had fairly good results. During the past two years, it has been my privilege to attend at least six cases of pneumonia, unassociated

with la grippe, in persons above 70 years of age, and of that number I have lost but two—a death-rate of only  $33\frac{1}{3}$  per cent., which is about the mortality put down in the books for all cases under allopathic treatment.

Of my two fatal cases, one was a sprightly old man of 86 years, who lived three weeks, in spite of family neglect, but who finally succumbed to weakness caused by a colliquative diarrhœa. The other was a very feeble woman of 82, with an organic heart-disease, who died promptly upon the fifth day, and at no time was there any prospect of her recovery.

The other four fully recovered, so far as the pneumonia was concerned, and, apart from the hastened infirmities of age, are well to-day.

Let me give you an outline of their history:

CASE I.—Mrs. S., aged 75, and a great-grandmother of three children. Was called to see her April 19, 1901. Patient was not accustomed to take much medicine, in fact, was disinclined to take any, and for two days had been dragging around the house before sending for a doctor. Found her with a pulse of 110, temperature 103, slight cough and no expectoration. Ordered the patient to go to bed, which she reluctantly did, not that she felt able to sit up, but she had a horror of being sick in bed. Two days later, her temperature had risen to  $103\frac{4}{5}$ , and she had an occasional rusty expectoration of sputa. It was at this time that she had an acute attack of syncope while sitting erect for an evacuation of the bowels. Her pulse, which had been previously regular, but hard from arterial tension, now became intermittent and at times very irregular. I did not dare to have her sit erect again, while in that condition, and, as she could not void the urine in the horizontal position, I was obliged to resort to the use of the catheter. The bloody expectoration was very slight, and only appeared at all for two or three days. The physical signs were never characteristic. She had some pleurisy and an occasional attack of nausea, but she suffered most from persistent insomnia, which was greatly aggravated by the fact that her granddaughter, who lived with her, and her infant child came down with diphtheria, and were isolated in another part of the house. She was not told the nature of their disease, but she knew that they were ill and she wanted to see them. The greatest danger in her case

was heart-failure, and to anticipate this was our constant care. As I have already said, the patient was kept absolutely in the horizontal position, and was not allowed to sit erect for any purpose whatever. This, I believe, was a most important part of the treatment. Had she been permitted to sit erect, I am very sure she would have developed a fatal syncope.

Her remedies were *veratrum viride* at the start, which was soon followed by *bryonia phos.* and *tart. emetic* for the lungs, with *strychnia*, *digitalis* and *convallaria* for the heart. As a reserve-medicine, I always left with the nurse some tablets of *glonoin 2x*, and the ordinary aromatic spirits of ammonia, which last I value, both as a stimulant and an expectorant.

The fever never ran higher than on the third day, and at the end of a week was practically gone. There was no critical day, so far as the temperature was concerned. The patient was under daily observation for about two months, and at the end of four months was dismissed. Since then, she has had no serious illness, and is now, after a lapse of two years, in tolerable health.

CASE II.—Mrs. R., 77 years old, a hard-working woman, who supported herself by her needle. Was called to see her November 10, 1902. The history of the case was similar to the one just reported, only the pulmonary congestion was more pronounced, as evidenced by the so-called "prune-juice expectoration," which continued for about three weeks. Like the former patient, she had an irregular heart's action, and, in addition to the arterial sclerosis, a varicose condition of the veins on both legs, which necessitated the wearing, at all times, of elastic stockings.

Her treatment was largely a repetition of that in the previous case. For four weeks she was not allowed to leave the horizontal position, and at the end of four months she was dismissed. She is now in nearly as good health as before her illness, though probably not so strong.

The other two cases were not of especial interest. Neither was at any time in imminent danger, and, though one was an old man of 82 and the other a hard-working woman of 71, both made complete recoveries.

I have reported these cases somewhat in detail, not so much because of the successful result as to emphasize some points



which I consider exceedingly important in the treatment. Some things must be taken for granted: In a case of senile pneumonia we must not expect to find well-marked physical signs. And, right here, let me say that, during the height of the disease, we should not hunt too persistently for them. To confirm one's diagnosis by an autopsy may be very scientific, and, in a case of a troublesome old person, very satisfactory to the relatives; but I hold that a physician's first duty is to the patient in charge, whose life should not be jeopardized by any attempt to store up pathological knowledge which is not actually needed in the treatment.

Cure your patient, if possible, even though you never make an accurate diagnosis. There will be chance enough to make post-mortems later, perhaps, on somebody else's patient. The discreet physician does not prescribe for supposed pathological conditions, but for his patient; and in case of pneumonia, for instance, it is of far more importance to watch those symptoms which can be readily observed—and that, too, without any injury to the patient—than to be able to locate exactly the diseased area.

The hygienic conditions of the sick-room have much to do with the result. Good ventilation, without exposure, must surely help a crippled lung to perform its part. And this leads me to remark that, in many cases of pneumonia, the inhalation of oxygen is of undoubted value. I do not believe in the old-fashioned flaxseed-poultice jackets. I used to employ them,—in fact, was taught to do so,—but am now of the opinion that they do more harm than good. The changing of them always disturbs the patient, and they must be changed frequently in order to keep them warm. This objection does not apply to the proprietary dressing known as “antiphlogistine,” which I have seen used; but I am thoroughly of the opinion that anything that interferes with the free evaporation of the skin is likely to do more harm than good.

If any external dressing is used, I favor the ordinary cotton-batting, or flannel-jacket, which can be thrown away or washed as soon as it becomes offensive.

The inhalation of hot-vapor, with or without medication, I am sure, is often helpful; but, when employed, the clothing of the patient should be so protected that the atomizer can be used without saturating it.

Good nursing counts for much in procuring a favorable result. The physician can be at the bedside but a short time, at most. He should inspire courage and confidence while there; but it falls to the nurse to supplement his efforts and carry the patient along. To say the right thing at the right time is as truly important as to watch the clock and administer the medicine.

The manner of preparing and serving the patient's food seems like a little thing, but, in a critical case, may be sufficient to change the result. A capricious appetite can sometimes be coaxed into obedience by a dainty service, which would otherwise rebel outright.

I have already alluded to the danger of disturbing the patient with over-examinations by the physician; the same tendency on the part of the nurses should be corrected. Will it help you to prescribe for your patient to have his temperature taken every three or four hours? If not, omit it, and direct the nurse to take it at longer intervals. I am not advising slovenly methods of observation in making the above remark. There may be times when the temperature and pulse should be taken at very frequent intervals, but, in the ordinary case, I am sure that once in six or eight hours is enough.

I have also suggested some of the remedies most frequently indicated in cases of this kind. What not to use, perhaps, is still more important. Whatever the condition or the distress, do not prescribe opium. Opium, I know, will relieve both pain and cough, but it will stop the expectoration and dry up the pulmonary secretions at the same time. If you wish to kill your patient—*secundum artem*—I know of no better way than to quiet him with opium.

The coal-tar products are fully as dangerous, but in quite a different way. Opium kills by increasing the pulmonary engorgement, while the coal-tar products act directly upon the heart itself. Cup your patients, if you must! Bleed them, if you will! Strap up their sides with adhesive plaster, or limit the expansion of the thorax with a well-applied bandage; but don't give opium or the coal-tar products for the relief of pain in this disease.

The homœopathic materia medica is rich in therapeutic resources for pneumonia. It is surely more than a coincidence

that the death-rate is less under homœopathic treatment than under the expectant, and still less under the expectant than under the medication of the regular school, and this, too, without venesection, or the heroic measures formerly in vogue.

Ancient customs die hard, and venesection is still fondly adhered to by some. Dr. Wm. Porter, of St. Louis, has recently modified the old method of blood-letting by injecting an equal amount of normal salt-solution directly into the opened vein. Serum-therapy has also been resorted to with negative results.

There can be but one conclusion drawn from recorded statistics, and that is, that homœopathic treatment modifies the disease and hastens recovery, while the regulation treatment of the old school is worse—absolutely worse—than no treatment at all.

But I have wandered from my theme. The successful treatment of pneumonia in the aged depends upon a discreet nurse and an intelligent physician. It also demands a warm room, well ventilated, a comfortable bed and proper nourishment. Medicines and stimulants have a most important place. We should anticipate the possible sudden termination of the disease from heart-failure, by keeping the patient in the horizontal position and the early administration of cardiac tonics, while from first to last, throughout the entire course of the disease, we should administer at frequent intervals the homœopathic remedy.

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## ESTLANDER'S OPERATION FOR THE CURE OF CHRONIC EMPYEMA.

BY HORACE PACKARD, M.D., BOSTON, MASS.

(Read before the Surgical and Gynecological Society of the Am. Inst. of Homœopathy.)

*Introduction.*—I am sure no apology is necessary for bringing before you this subject. All physicians of mature experience have met cases of empyema and have seen life menaced by large accumulations of fluid within the pleural cavity. They have seen the disastrous effect of prolonged lung-compression, even to permanent obliteration of its function. They have seen the blighting effect of such crippling of the vital capacity in the collapse of the affected side of the thorax, as far as such



collapse can go in the impingement of the ribs upon each other, curvature of the spine, displacement of the heart, imperfect aëration of the blood, dyspnœa on exertion, and the establishment of permanent invalidism, with possibly the engrafting of tuberculosis upon the impaired lung-tissues, and death.

It is my purpose in this paper to emphasize,

First. The pressing necessity of prompt evacuation of fluid from the pleural cavity, whether such be serous or purulent, and to establish such efficient drainage that there will be no further danger of reaccumulation.

Second. To show that failure to establish such efficient drainage results in permanent collapse of the lung and partial or total obliteration of its function.

Third. That the patient suffering from chronic empyema, which follows upon such neglected cases, while incurable as far as restoration of the crippled lung is concerned, may be made vastly more comfortable by excision of all or part of the ribs of the affected side.

Empyema is usually a sequel to pneumonia, and is so insidious in its progress that it frequently escapes recognition until the pleural cavity is enormously distended and the lung correspondingly compressed.

The dulness and subdued respiratory murmur of pneumonia often merge into the same phenomena of empyema, hence it is not extraordinary that the onset of the latter sometimes escapes observation.

There can, however, scarcely be doubt of the presence of an empyema when dulness persists, after the cough and expectoration of pneumonia have subsided, and the respiratory rise and fall of the affected side is partly or wholly absent.

When doubt exists, the aspirating needle is always a final and positive test. The latter, however, should not be depended upon for removal of the accumulated fluid of a pyothorax, for often there are fibrinous masses which cannot by any possibility be thus withdrawn, but may choke the needle and thus delude the novice into the belief that there is but little fluid in the pleural cavity.

This is the critical period in the career of the patient, for steps now taken are likely to determine whether a complete and effective drainage is established, giving scope for the lung to again expand and resume its function.

Failure to inaugurate efficient drainage is sure to result disastrously in some cases,—not all—for absorption and spontaneous recovery sometimes occur without surgical aid. The danger, nevertheless, is grave, and one which should always be given weighty consideration.

Allow me to reiterate, for I feel that it is worthy of repetition, that the aspirating needle should be depended on only as an aid to diagnosis. Not a few of the sadly-crippled cases which have fallen into my hands for the Estlander operation have been those which have been repeatedly but incompletely aspirated.

I beg, also, to warn against a simple incision through the soft parts, for the fluid-cavity is so completely caged by the closely approximated ribs, that an intercostal opening, except in the hands of an expert who can be in daily attendance upon the case, is not likely to be capacious enough, nor to be maintained long enough, to effectually drain the cavity. All the space which can be secured by an intercostal opening may be quite inadequate for the evacuation of the large, fibrinous clots which are such a frequent accompaniment of empyema. Such drainage may be wholly choked by these clots acting as a valve and damming back the fluid in the affected pleural cavity, which should find absolutely unobstructed spontaneous outflow. This can be secured in but one way, viz., resection of one inch of the eighth rib in the line of posterior border of the axilla.

This I have done so many times, with nothing but uniformly good results, and often at some distant point where I could not see the patient again to follow up the after-treatment, that I do not hesitate to recommend it in all cases of empyema. In no instance has the resection of the rib been followed by any disability whatever; neither has there ever been anything other than prompt convalescence, with perfect resumption of lung-function. With proper instruments at hand, it is a simple and brief operation, without danger, and a positive guard against lifelong crippling of the respiratory function. With this introduction, I will ask you to a consideration of

*The Physical Conditions Attendant upon Chronic Empyema.*—These are, perhaps, best illustrated by a photographic reproduction of a case which came under my observation several years ago. The dark area on the anterior aspect of the thorax rep-

resents the site of a small fistulous opening, leading directly into the pleural cavity between the fifth and sixth ribs, slightly to the right of the line of the costal cartilages. This opening was made early in the progress of the case, but not early enough to furnish free and adequate drainage. Were the colors correctly represented in this picture, you would see a yellowish line of pus trickling from the aperture, which represents the overflow from a pus-cavity within the right thorax. The dotted line represents, approximately, the size of the abscess-cavity, which has materially diminished in the months which have intervened since the acute stage of the disease. This reduction has come about from two sources: First, there has been incomplete expansion of the lung and collapse of the chest-wall, in so far as the bony framework of the same will permit. Of lung-expansion, there has evidently been in this case enough, so that the respiratory capacity has not been seriously impaired, for auscultation shows normal respiratory murmur throughout the upper portion of the affected side, and the general condition of the patient, although somewhat pallid and pinched, does not exhibit material deficiency in aëration of the blood. The interspaces of the ribs are lost, *i.e.*, the ribs so approach each other that their edges impinge or slightly overlap. In brief, then, the physical conditions are these: The lung, because of previous prolonged compression, has failed to resume its full function and can no longer fill the portion of the thorax designed to contain it; the chest-wall, which normally possesses a limited respiratory rise and fall, has collapsed as far as its bony framework, the ribs, will permit. There remains then a cavity which has a cirrhused lung and greatly thickened pleura as an inner wall, and the rigid chest-wall as the outer.

Inspection of the chest and comparison of the two sides shows asymmetry, partial or complete loss of respiratory movements on the effected side, lowering of the shoulder, and compensatory curvature of the spine.

*General Effect upon the Subject of Chronic Empyema.*—All available evidence points to the probability that pneumococcic invasion of the pleura is the cause of empyema.

Once pneumonia of the respiratory tract is established, the possibility of a pleural, peritoneal or meningeal invasion should



be anticipated. "Fore-warned is fore-armed" is a motto on everyone's tongue. The existence of a pulmonary pneumonia is a forewarning that a pneumococcic pleuritis, peritonitis or meningitis may supervene. It is a warning that a persistence or recurrence of thoracic dulness is not a "recurrence of pulmonary pneumonia," nor a "chronic pneumonia," but a pleuritic effusion due to pneumococcic invasion of the pleural cavity. It is a warning that abdominal pain and tenderness is not an appendicitis, but pneumococcic peritonitis.

Forewarned, that a pulmonary pneumonia may be the precursor of a pleuritic effusion, it is the veriest kindergarten of medicine and surgery to diagnose and treat intelligently, promptly and efficiently this menacing condition.

Assuming that the patient has survived the effusion, and has adapted himself to the lung-compression, and that somehow, either by aspiration, or drainage-incision, the pleural cavity has been emptied, and that a communication with the external surface has been established, there is sure to follow within a short time a pyogenic infection of the cavity, *i. e.*, there comes, finally, to be a double infection, pneumococcic and pyogenic. The physical conditions being such that the cavity cannot obliterate by any process of repair, there supervenes a chronic toxæmia. Great thickening of the pleura occurs even to half or three-quarters of an inch. The patient has a constant exacerbation of temperature and pulse, appetite and nutrition are impaired, the diminished lung-capacity limits physical exercise through inadequate blood-aëration; in short, there is a distinct lessening of vital capacity and resistance. If, under these conditions, the tubercle bacillus becomes implanted in the already weakened tissues, the patient rapidly succumbs to tuberculosis.

In the past, this has been such a common sequel of chronic empyema that a fatal tuberculosis is usually predicted, and the tendency has been to complacently await its destructive course. It is my firm belief that the majority of such fatalities can be averted by early and radical surgery.

*The Technique of Operation for Chronic Empyema.*—The problem confronting the surgeon in this operation is the removal of enough of the bony framework of the thorax to permit the soft parts to collapse and obliterate the cavity.

This may be no more than three or four inches of two or three contiguous ribs, or it may be nearly the whole length of every rib from the second to the eighth, from the angle to the costal cartilages.

Percussion may determine, approximately, the area of chest-wall to be subjected to rib-excision. If it be but a small area, involving but a few inches of three or four contiguous ribs, a longitudinal incision between the two ribs first selected for resection will furnish adequate access to them both, and so on until only soft parts remain as a covering for the cavity. The costal pleura is sure to be much thickened as a result of the long-continued inflammatory process. Healing will be much expedited, if the flaps are lifted sufficiently to dissect this out. It is desirable to leave the wound very wide open to provide abundant drainage.

If the whole, or nearly the whole, of the side of the thorax affected be a suppurating cavity, extending from the first rib to the diaphragm, a different procedure is necessary, because, to effect the desired result, the whole side of the thorax must be uncovered. A somewhat triangular flap of skin is lifted with its base, on a level with the axilla and its apex, at about the eighth rib. This is dissected cleanly from the ribs, lifting the muscles with it. The ribs thus exposed are, alternately, excised from the costal cartilages to the angles, or as near their spinal attachments as may be necessary or possible. There is, usually, but little trouble from bleeding, and no attention need be given the intercostal nerves.

The length of segment of the respective ribs, and the number, must be governed by the size of the cavity to be uncovered. It is emphatically necessary to remove all the costal pleura, and thoroughly expose the uttermost recesses of the cavity and clean away all pyogenic tissue by curretting. The heart-pulsation will be easily felt and seen in the depths of the cavity. The skin-flap is then replaced and sutured, leaving two or three openings for drainage and irrigation. Irrigate daily with hydrogen-dioxide solution, one part to three of water. Repair will always be slow, but after two or three months the cavity should be obliterated and the patient free from the annoyance and menace of a chronic abscess.

The patient will never be robust, the thorax will always be

crippled, the spine curved and the shoulder drooping. The remaining lung will, under favorable conditions, undergo some compensatory increase in function and serve fairly well the requisites of a quiet life.

CASE I.—Katie D., age 13 years, suffered acute empyema of the right pleura six years ago. At that time the ordinary operation was made; that is, an incision was effected through the soft parts between the ribs and pus evacuated. In a short time the external wound so nearly closed that there was but a small sinus for the exit of the discharge. The lung never expanded, the thoracic wall of that side collapsed all it was possible for it to do, *i. e.*, until the ribs impinged upon one another.

The patient presented a most striking appearance. The face was pinched, pallid and denoted long suffering. The left chest was abnormally full and developed, and with each respiration rose and fell, seemingly, with nearly twice the range of action ordinarily seen. The right chest was as totally collapsed as the rigid walls would permit; the antero-posterior diameter was but two and one-fourth inches, and the circumferential measure was three and one-fourth inches less than the opposite side. The spine had a lateral curvature, with the convexity toward the sound side. From the sinus, which still persisted, a small stream of thin, offensive pus trickled as soon as the dressing was removed. I at once gave an opinion that a large suppurating cavity existed beneath the chest-wall, and there was no hope of relief and cure except through resection of a large area of the ribs covering it, thus affording the most thorough drainage of the cavity, as well as opportunity for the further collapse of the chest-wall, and final obliteration of the suppurating cavity.

The parents readily consented; ether was administered, and the original sinus was opened, with the aid of knife and gouge, sufficiently to carry the finger in and sweep it about the cavity. It was overflowing with pus, which gushed out in quantities.

The cavity was found as large as a coffee-cup. Incisions were then carried from the opening already made, vertically and horizontally, for three inches, and a triangular flap of skin raised, exposing the ribs. With the Rongeur forceps these were quickly gnawed away, until the cover, as it were, of the whole cavity had been taken off. The ragged portions of the



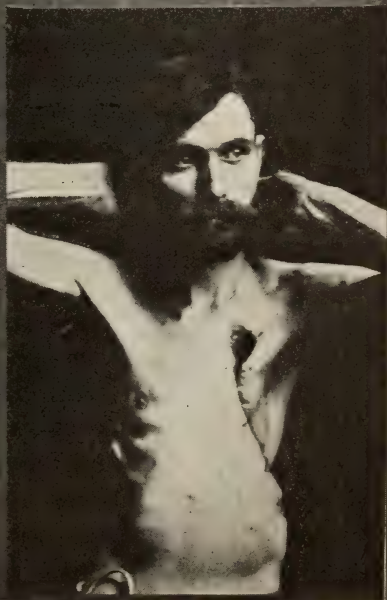
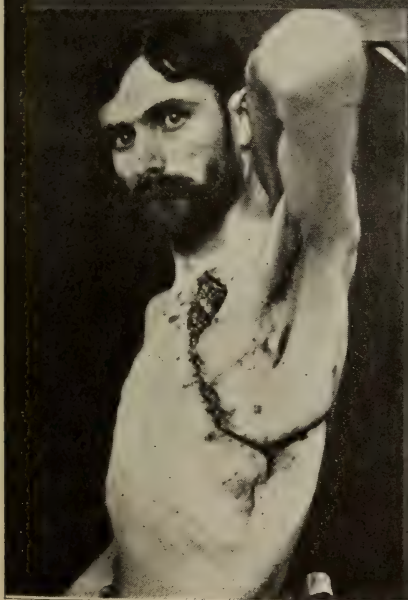
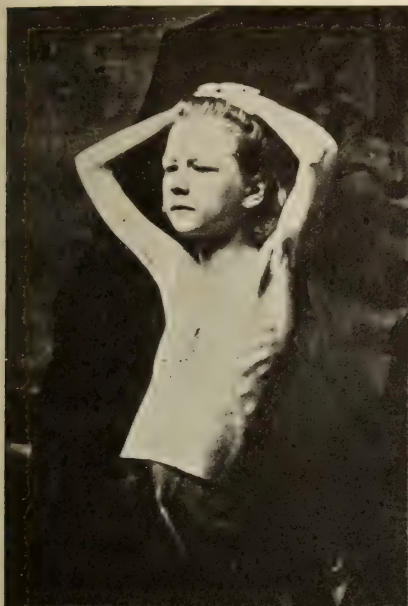
thickened pleura were cut away with the scissors, the cavity thoroughly washed, and the skin-flap allowed to fall into the wound, without any effort to suture it.

The subsequent history of the case can be summed up in a few words. There was the most prompt recuperation. The appetite quickly returned, temperature fell to normal, the face became plump, and eyes bright. In short, the miserable, spiritless child in a few weeks became active and well. The abscess-cavity was, of course, slow in filling with granulation, but there was no longer any confined pus,—the cavity could be easily kept clean; the skin-flap gradually attached itself over the bottom of the cavity, and, at the present time—seven months from the date of operation—there is remaining only a depressed cicatrix, with superficial sinus about one inch long, which is gradually closing.

CASE II.—J. H. J., age 16, suffered acute empyema of the left side eleven months ago. An opening was made at that time in the fifth intercostal space, about three inches to the left of the sternum. This closed, except a small fistulous opening, from which pus trickled at all times.

The general condition of the patient was miserable in the extreme. He was emaciated, pallid, temperature 100° F., no appetite, fingers clubbed, and, as a whole, about the most unpromising subject for an operation that could be imagined. He was etherized, with the view of resecting a sufficient number of the ribs to uncover the whole abscess, but he tolerated the anæsthetic so poorly that nothing was done beyond effecting a free opening by resecting a single rib. This afforded perfect drainage and opportunity for thoroughly washing the cavity daily.

The cavity was found very large, extending nearly from the clavicle to the diaphragm. The heart was much displaced to the right, and its pulsation could be plainly seen beneath the right intercostal spaces. He recuperated rapidly, and in five weeks the second operation was made, which consisted in the removal of nearly the whole bony framework of the anterior portion of the chest. The skin-flap was carefully preserved and turned into the cavity, and held in contact with the bottom and sides by gauze-packing. Healing has gone on rapidly, and prospects are excellent for final closure of the wound.



CASE III.—Miss K. L. M., age 45, suffered pleuro-pneumonia in March, 1901. In April, the left thorax was aspirated. In June, a portion of a rib was resected and permanent drainage established. This, however, did not result in obliteration of the cavity. The lung failed to resume its function, and a large suppurating cavity persisted, extending from about the second rib to the eighth, and from the line of the costal cartilages to the posterior axillary line.

In May, 1902, thirteen months after the first attempt to remove the fluid by aspiration, I first saw the case, and operated in the Lowell General Hospital for radical obliteration of the cavity. On percussion, there was sonorous resonance all over the area involved, and auscultation exhibited but slight respiratory murmur in the very uppermost part of the side affected. By the Shedd modification of the Estlander method, the third, fourth, fifth, sixth and seventh ribs were resected from the costal cartilages to, or nearly to, the angles. This effectually uncovered the cavity and afforded opportunity to dissect away all the thickened pleura and curette away all pyogenic membrane and *débris*. The skin-flap was replaced and sutured with interrupted silkworm-gut, leaving multiple openings for drainage. At the present time, one year from the time of the above-described operation, complete healing has occurred, and the patient is able, under strict limitations, to go about and enjoy life.

CASE IV.—Mr. L., age 36, presented at the Massachusetts Homœopathic Hospital. He had an opening, posteriorly, just above the line of the diaphragm on the left side, communicating with the interior of the thorax, from which a copious, offensive, purulent matter was exuding.

He was emaciated and weak from septic absorption and inadequate aëration. The left lung was totally obliterated. It was supposed that tuberculosis had been engrafted on to his other troubles, and for the few preceding weeks he had been the inmate of a retreat for consumptives, on the supposition that his case was hopeless, and that continuance of life was a matter of but a few months at most. Examination of his sputum showed freedom from tubercle bacilli.

His previous history, in brief, was as follows:

He had pneumo-hydro-thorax in January, 1900, and was re-



peatedly aspirated during the succeeding six months. For a year he had nothing further done, but in June, 1901, was tapped with a trocar and much pus was removed. In the same month a piece of a rib was resected and permanent drainage established. In July, 1901, a consultation of physicians was held, and he was told he had consumption and no more could be done—this in the face of the fact that he had no cough nor expectoration. This brings his history to the date of his entrance to the retreat for consumptives, referred to above.

In October, 1901, I made removal of portions of the fourth, fifth, sixth and seventh ribs, disclosing an enormous cavity, extending from the diaphragm to the clavicle.

The general condition of the patient was so bad that less extensive resection of the ribs was performed than would otherwise have been done. The soft parts still could not sufficiently collapse to effect obliteration. The general health, however, improved, and all through the spring and summer of 1902 the patient was out of doors and gained steadily. In October, 1902, operation was again performed and more extensive rib-resection was effected, and this to the very confines of the cavity, above, below and laterally. Good recovery has been made, and, although at the present writing there is still a small unobliterated area, the chances seem good for ultimate perfect repair.

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### HAHNEMANNIAN ORATION.

BY PEMBERTON DUDLEY, M.D., PHILADELPHIA.

(Delivered before the Luzerne County Homœopathic Medical Society, April 10, 1903.)

Two years from to-day the medical profession will observe the Third Jubilee-Anniversary of the Birth of Hahnemann. Of what other physician can it be said that the world has annually recalled his natal day for a hundred and fifty years? There is one American physician to whose worth and work all his brethren, without regard to sect or school of practice, yield the merited tribute of respect as "The Father of American Medicine." We honor him for his scientific attainments, for his wise measures, for the establishment and promotion of med-

ical education, and for the patriotic heroism with which he defied the wrath of King George III. and affixed his signature to the Declaration of American Independence. But nobody celebrates his birthday. Your speaker confesses—and without any great mortification—that, although his own childhood and youth were spent within sight of the old farmhouse in which Dr. Benjamin Rush was born, he could not, were he asked to do so, give the year, month and day of the old signer's birth; and he ventures to declare that not one member in a hundred of the medical profession in America could answer the question. No! We have talked for twenty-five years of building a monument in his memory; but we don't remember when he was born. The century in which Hahnemann lived and wrought—from 1750 to 1850—witnessed the rise of scores and hundreds of distinguished men in the medical profession, but not of a single one of these can it be said that the medical profession celebrates his advent. There must be some reason for this distinctive recognition of Hahnemann's out-start in life, and for our reverence and love for the personality of the man that prompts remembrance of the 10th of April, 1755.

Samuel Hahnemann was as good as he was great, and as great as he was good. He was both great *and* good in that he never permitted either of these qualities to detract from the other. Some men would be good if they were not great, and many more would be great if only they were not good. But they find a law in their hearts warring against the law of their intellects, and that one of these is brought into captivity to the other, sooner or later, reminding us of the life of the great Apostle to the Gentiles. There are a few—a very few—men possessed of power to rise above this common lot of their fellows, and this is why we celebrate the birthdays of Washington and Lincoln and Hahnemann and of so few others.

To present, in brief, some of the “fiery trials” which aided in developing Hahnemann's character, let me quote from my own address delivered before the American Institute of Homœopathy at the Centennial of his *New Method of Ascertaining the Curative Properties of Drugs*. The celebration, as you know, was held in the city of Detroit in June, 1896. In that address it was said that “The treatment accorded to Hahnemann was unprecedented and unique. No other medical man that ever

lived has been so little understood or so profoundly misunderstood. And this statement will apply to both his friends and his enemies. There is not a single important medical doctrine to which he gave utterance that has not been grossly misunderstood and grotesquely misrepresented. No other physician was ever so venerated or so derided, so admired or so ridiculed, so revered or so villified, so loved or so hated. No one ever accomplished so much for the good of his fellow-man or was so vigorously cursed for his pains. Never one who cherished a more fervent enthusiasm for the profession of medicine or aroused so intensely the animosity of its representatives."

"The resources of invective were well-nigh exhausted for material wherewith to assail him. He was denounced as uneducated, ignorant, illiterate; as a dreamer, a visionary; as a mountebank, an imposter, a swindler; that he was a juggler, a fool, a buffoon; that he prevented himself from becoming a great chemist by becoming a great quack; that his doctrines were emanations from the region of darkness and their author a friend from the pit;" and so on *ad nauseam*.

We talk much of the discovery and demonstration of the therapeutic law of similarity. Nor can the discovery and establishment of this principle of nature be held in higher estimate than its importance justifies. It was a glorious revelation, surely. Glorious when we consider the chaotic condition of the medical art out of which it was achieved; glorious when we consider its vital and far-reaching results and its blessed influence upon human health and happiness; glorious when we think of the largeness of the undertaking and the scientific acumen and sagacity involved in its accomplishment. But was it not immeasurably more sublimely glorious to us when we remember that it constituted the first application of the Baconian method of scientific research to the art of therapeutics and especially to the medicinal *cure* of disease?

Hahnemann, at the completion of his medical college education, was twenty-four years old, and had even then acquirements sufficient to set forever at rest the shameless accusations with which his good name was afterwards assailed in Europe and America. He had secured the preliminary education common to the more cultured youth of Germany at that time, besides achieving a complete course in medicine. In addition, says



Bradford, his biographer, "he had, while acting as the librarian to the Governor of Transylvania, catalogued its immense collection of books and rare manuscripts; and here he acquired that extensive and diverse knowledge of ancient literature and of the occult sciences, of which he afterwards proved himself to be a master and with which he astonished the literary and scientific world." He had also constructed a Saxon herbarium, had translated several medical volumes from English into German for the Dresden publishers, and had acquired a practical working knowledge of ten languages—Latin, Greek, Hebrew, French, German, English, Spanish, Italian, Arabic, Syriac, and a rudimentary acquaintance with Chaldaic. Yet the medical literature of the allopathic school, in both Europe and America, abounds with allusions to this broad and profound scholar as an illiterate ignoramus. Such is the power of ignorance when intensified by prejudice.

Hahnemann made his first announcement, referring to the principle of similars as a guide in therapeutics, in 1796. He was then forty-one years old and had already devoted six years to study and experimentation bearing upon the subject. It will interest us here to inquire as to the position he held before the medical and scientific world when he finally made his startling proclamation.

It appears, as a matter of accepted history, that his fame at that period of his life rested upon his professional and public work, not alone in medical literature, but also in chemistry and industrial technology. In these he had made an enviable reputation throughout Germany, France and England. His translation, in 1784, of Demachy's *Art of Manufacturing Chemical Products*—a two-volume French work—brought him into great prominence, because his "annotations" revealed many of the processes of industrial chemistry heretofore kept secret by manufacturers. Both France and Germany needed this knowledge greatly. One of his reviewers (Crell's *Annalen*) said of the translation: "The notes are greater in amount than the text, and more important." In many places the author's obscurity of statement is cleared away and his incompleteness supplemented by Hahnemann's wider acquaintance with the subject. Among his valuable contributions to industrial technology, chemistry and pharmacy, we may mention his im-

proved method for obtaining the specific gravity of liquids; his improvements in distilling-apparatus; his new mode of distilling aqua fortis, by which the retorts were prevented from bursting; his new and better mode of purifying saltpetre; his new tests for muriatic and sulphuric acids; his discovery of a method of separating magnesia from the brines of salt-works; his discovery of the chemical composition of white lead—a matter till then unknown; his demonstration of the chemical changes and process necessary for the conversion of alcoholized liquids into vinegar; his devising of the present mode of securing a standard of reliability for tartar emetic, etc.

Important as were some of these discoveries in the field of chemistry and pharmacy, they were surpassed in significance by his original contributions to medical jurisprudence, and especially by his new methods of testing for arsenic and distinguishing between that mineral poison and the combinations of other metals. He began by demonstrating the unreliability of the tests usually employed, and followed this by experimental studies of the whole subject, and succeeded in demonstrating the value and reliability of three essential tests for this dangerous drug. Especially brilliant was his demonstration of the increased reliability of hydrogen sulphide by the simple process of acidulation, thus rendering it one of the most delicate and efficient methods even yet known to science. Hahnemann was also the first to employ alkaline solutions—the chief method still resorted to—to distinguish arsenic, antimony, etc., from mercury, copper, etc. These investigations added immensely to the existing knowledge of medical jurisprudence, as it relates to accidental or criminal poisoning by the compounds of arsenic, and the knowledge thus gained is universally employed to-day.

Another of the discoveries, for which the world is indebted to the great man whose leadership we are so proud to recognize, is what is known as the “Hahnemann Wine-Test.” In those days wine was frequently adulterated with “sugar-of-lead,” giving rise to colic, emaciation, paralysis, and even death. When these adulterators were detected they were subjected to severe penalties. Unfortunately, the tests employed to detect the presence of lead yielded the same results in the presence of other metals. A case is cited in which a wine-

merchant suffered heavy penalties and the loss of his business, because of what was supposed to be lead in his wares, but which was afterwards shown to have been iron from nails used in the construction of his casks. On a certain occasion, when a large number of merchants were to be tried for the criminal adulteration of their wines, Hahnemann, after careful investigation of the subject, discovered methods by which the noxious adulteration with lead could be readily distinguished from the harmless presence of iron; and from that time the innocent were no longer in danger of suffering for the crimes of the guilty. The reagent employed was acidulated sulphuretted hydrogen. Either in the same year, or the year following (1788 or 1789), Fourcroy, a famous French chemist, recommended the same reagent—sulphuretted hydrogen—as a test for lead in wine, but he evidently knew no method of distinguishing lead from iron and other metals. This defect Hahnemann overcame by the addition of the acid, which redissolved the precipitate of iron, but only deepened the color of the precipitate of lead. This method of detecting and differentiating metals in solution is universally employed in America and Europe; but it is probable that not one in a hundred of all chemists, manufacturers and pharmacists who are employing it every day in their business have any suspicion of the fact that the method originated with the same individual as did that peculiar method of medical practice known as “homœopathy.”

We thus understand that Hahnemann had achieved greatness long before he announced his new therapeutic doctrine, and that he already stood as a leader among leaders, as the recognized and honored associate of the savants and literati of Europe. In matters relating to chemistry, surgery, pharmacology and medical practice, as well as in the languages and learning of the ancient world and of his own day, he had vindicated his right to form and express an opinion. When he spoke on any of these subjects, men of learning gave him respectful attention. The scientific journals of that period abound with laudatory allusions to his name, to his observations and discoveries as a chemist, and to his critical translations of medical and chemical works. It is not to be wondered at, therefore, that the enunciation of his new medical doctrine in 1796 aroused the curious and eager attention of all Europe.



Had their author been the obscure and unlettered man that certain American writers would have us believe, it is not probable that they could have attracted such widespread attention or elicited such a storm of criticism. As Ameke, the historian, expresses it, "Amidst the confusion of hypotheses and speculations, a weak voice would not have been listened to."

Chemistry, at the time of which we are writing, was to many of its professors a matter of theories and hypotheses. Many still held on to the ancient doctrine that the human body is composed of four elements—fire, air, earth and water. It is somewhat surprising that this fanciful conception of material nature should have perpetuated itself from a time antedating the Christian era down to within a hundred years of the present time. Between 1775 and 1800 there was a vigorous controversy, not entirely free from acerbity, between the chemical advocates of that old view and those who, basing their opinions upon the results of actual observation and experiment, recognized the existence of many chemical elements and stood ready to deny that either fire, or air, or earth, or water was one of them. At the time when Hahnemann was making his initial investigations in the science of therapeutics, men were still talking glibly and learnedly (?) of Becker's "inflammable principle" and of Stahl's "phlogiston," both of which were but the old elemental "fire" of Aristotle and Hippocrates. Chemistry had not yet escaped from the long-endured thralldom of hypothesis and conceit, and we may be very sure that medicine was even worse off in this respect than its sister science.

But for both sciences a deliverance was coming. The French chemist, Lavoisier, had introduced into chemistry his chemist's balance, and with the advent of this simple implement came more accurate and scientific methods of chemical research. Lavoisier promptly administered a death-blow to the ancient belief in "fire" as an element of material nature, and both Lavoisier in France and Hahnemann in Germany were insisting on exact methods in all forms of research, and upon demonstrated and demonstrable facts as the basis of all scientific belief. Lavoisier and his cotemporaries were engaged in a bitter contention over the "phlogiston doctrine." Hahnemann, also well known as a chemist, insisted that there

could be no solution of the questions at issue save in the arena of experimentation. This attitude of the German master of science is significant. He was preparing to drag the great *medical* theories and hypotheses of the day before the same impartial and infallible tribunal.

We have said so much with reference to Hahnemann as a chemist and Baconian scientist in order to form some conception as to his attitude towards the medicine of his day. Before he was thirty years old he attracted attention by his keen criticisms of the popular medical theories and delusions of his time, and especially by his insistence on a medical art based directly upon facts and not upon hypotheses. Before he entered upon the independent medical investigation that led him towards homœopathy, he had given proof of his disgust for the medical customs of his time by withdrawing entirely from practice and devoting himself again to chemistry and literature.

Hahnemann was brought face to face with the humiliating fact that the medicine of 1796 was, in its essence, not one step in advance of the medicine of twenty-three hundred years ago. During the centuries intervening between Pythagoras and Hippocrates (400 to 500 B.C.) and Brown and Cullen of the eighteenth century, A. D., real therapeutic science had not advanced a single pace. All the medical systems of that long period had been founded upon somebody's conception of the essential nature of disease. We need not go over the long and tiresome list of "theories" and of the "systems" that were fabricated for the cure of these imaginary diseases. From Pythagoras to Brown, twenty-three centuries had gone for nothing. The ancients and the moderns were, in the essentials of their therapeutics, almost exactly alike. The ancients constructed theories about the "essence" of disease; so did the moderns. The ancients made no researches or experiments to ascertain if their theories were founded on hard facts that could be relied on as a basis of treatment; neither did the moderns. The ancients founded their treatment upon their conceptions of the essence of disease; and so did the moderns. The ancients classified drugs to accord with their fantastic conceptions of morbid processes and conditions, instead of upon their manifested properties; so did their modern successors. The ancients studied drug-action by observations and experiments

upon the sick, instead of upon the normal and standard human body; and so do the moderns until this day. And such was the "medicine" to which Hahnemann came in the latter quarter of the eighteenth century. Is it any wonder that his scientific soul revolted?

Human knowledge of physiology and of pathology was at that period so exceedingly limited as to render correct theorizing about disease and its essence a thing of impossibilities. How could pathology have arrived at certainty and adequacy, with chemistry still in its swaddling clothes, and the revelations of the microscope not yet begun? It is said that Hahnemann was not a pathologist! Well, neither was anybody else. It would be as just to criticise him for not knowing anything about the "X-Ray."

But even if some or all of these speculations had been absolutely correct, what difference would it have made? If a student could learn all that it is possible to know of the normal anatomy and physiology of the human body, and all that it is possible to know of its diseases, and should add to this an absolutely perfect knowledge of the properties of drugs, he still would not be a physician. He would lack one thing—a most essential one—the knowledge of the *curative relation* that drugs sustain to disease conditions. All physicians, down to Hahnemann's time, made the fatal error of assuming that the treatment of disease could be inferred from the nature of disease; in other words, that a thorough knowledge of morbid conditions and processes, coupled with an equally thorough knowledge of drug-action, would constitute all that is necessary to direct the physician how to apply the one to the cure of the other. The fallacy is an egregious one. The medical profession has not found, in all these two thousand years, a single fact to prove the truth of the absurd proposition; yet a hundred thousand physicians still cling to it as for their lives. They are still seeking for some morbid condition, or some morbid function, or some morbid process, or some morbid chemical product, which, when found, they claim to be the cause of the disease, and treat it as such; forgetting that if their theory were true it would logically follow that the morbid factor had indirectly caused itself. And they wonder why the disciples of Hahnemann cannot give credence to so illogical a proposition,



nor permit it to determine their therapeutic measures and methods.

Hahnemann was not long in perceiving the utter unreliability of these pathological factors as a basis for the art of therapeutics. All the real facts of medical history having reference to the actual cure of disease pointed conclusively to the proposition that if therapeutics were ever to be elevated to the position of a science, it must be a science *sui generis*, separate and distinct from the other so-called medical sciences. Medicine, he asserted, draws upon any and all of the other sciences—anatomy, physiology, chemistry, pathology, mechanics, optics, accoustics and the rest—and demands their aid in carrying on many of her important functions. But when she turns aside from the physical and chemical properties of her remedial agents, and employs what we know as the “*dynamic* properties” of drugs to effect the cure of disease, she enters upon a province, she applies principles, she invokes laws which, to all other arts and sciences, are absolutely unknown. Here, in the peculiar province of medicine, the forces which belong to general science do not operate, and the laws pertaining to other arts do not govern. Here, even the facts and principles of normal physiology are either modified or held in some measure of abeyance. In this domain, observation, exploration and experimentation must be conducted along paths untrodden by the feet of general scientific research—paths beset with difficulties undreamed of by the searcher after other forms of truth. Here, medicine develops an art and establishes a science exclusively her own.

This fact—therapeutics as a possible, distinct, separate and independent science—constituted the starting-point whence Hahnemann proceeded to display and develop his transcendent, scientific greatness. It was *not* “the discovery of the law of cure.” Any intelligent and patient investigator, starting from the point whence he set out, and following the path that he pursued, would almost inevitably have arrived at the same conclusion that he did. If therapeutics is to be a science—so he seems to have reasoned—it must not rest upon the conceptions of a disordered brain, nor, indeed, a healthy brain either, but upon observation and the evidence of the senses, like other sciences. These observations must represent facts, and not

imaginings. These observed facts must be in perfect congruity with other facts of nature. These observed facts must be subjected to careful collation and classification; and the whole process must be carried on with the same care and under the same logical precautions as are necessary in the development of any other science.

And what sort of facts were to be observed and studied? Here we again discover that his almost instinctive logic did not play him false. He knew that when men would investigate the principles of astronomy they observed the phenomena of the heavenly bodies; that when they would know the governing facts of botany they observed the phenomena of plant-life; that when they sought information of the natural laws of chemistry they watched the manifestations of chemical reactions. But he knew that when men wished to learn the principles of therapeutics they either concocted them in the recesses of their own brains or else sought them in almost any place but the right one. Had he lived in our day he might have seen medical investigators searching for therapeutic truth in the dissecting-room and the dead-house—in the pathological and chemical laboratory—in short, anywhere under the sun except where alone such lore can be found.

Hahnemann adopted the scientific method. Remembering that "the only side of the disease that is turned toward the physician consists of its signs and symptoms," and that these signs and symptoms furnish all the absolute knowledge the physician can obtain, he took these symptoms in their totality as representing that altogether unknown something which men call "disease." Next he remembered that all that men can know of the dynamic and curative properties of drugs must be represented by their power to affect the functions of the organism; in other words, to produce signs and symptoms. He was wise enough to understand that if these signs and symptoms were to be reliable, they must be obtained from what the scientists call "standard" objects, which to him meant healthy persons and not those modified by illness.

He now had, on the one hand, an exact representation of the disease as shown by the symptoms, and, on the other, an equally exact representation of the properties of the drug, also shown by symptoms. These representations were not only the *best*,

but the *only* scientific expressions of diseases and of drugs then, or now, attainable.

And now the remaining problem that confronted him was simple, yet one requiring careful, thorough, extensive, profound, patient, exhaustive observation and experimentation, combined with unprejudiced examination of the literature of ancient and modern clinical experience in curing diseases with drugs. The problem was: "Can any constant relation be traced between the symptoms of the diseases cured and the symptoms of the drugs by which the cures were achieved?" His disciples take a pardonable pride in knowing that, in the progress of this investigation, all old "systems" of medical belief, all preconceived notions about diseases and drugs, and all theories as to the *modus operandi* of drugs had to be thrown to the winds and utterly ignored in the presence of hard, solid, uncompromising matters of unimpeachable fact, and that the dreams, the hypotheses and the speculations of all the physicians who had flourished in the past were to be thrust absolutely out of sight and out of mind. This feature of Hahnemann's investigations confers upon them the stamp of the scientific spirit, and goes far to convince his followers of the validity of their results. It is not necessary, in this presence, to describe the modes in which the great question was solved. We only need to congratulate ourselves and the afflicted of all the human race, that a general curative relation between diseases, as represented by symptoms, and drugs, as represented by symptoms, was conclusively established, and that, through it, one of the richest of Heaven's blessings has come to the human family. The world has abundant reason to keep green the memory of the 10th of April, 1755.

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UNTOWARD EFFECTS OF BORIC ACID AS A MOUTH-WASH.—Prof. v. Noorden asserts that he has observed this drug to produce a severe diffuse stomatitis, when used as a mouth-wash in a 3.3 per cent. solution, in his hospital service. There was no doubt as to the cause, for it reappeared twice after the disease had been cured by a solution of chlorate of potash. He also observed a nurse who, after taking 9–10.0 of this drug, internally, dissolved in 200.0 of water, was seized with severe pains in the stomach and diarrhœa, and six weeks later he still had a severe gastro-intestinal catarrh.—*Therapie der Gegenwart*, No. 2, 1903.



## CONCERNING DR. PERCY WILDE'S ARTICLE—ENERGY, IN ITS RELATION TO DRUGS AND DRUG-ACTION.

BY C. WESSELHOEFT, M.D., BOSTON, MASS.

I AM indebted to an article on "Dosage in Homœopathic Practice," by Dr. C. S. Raue, in the April number (1903) of the *HAHNEMANNIAN*, for calling my attention to a very valuable and interesting paper, entitled, "Energy, in Its Relation to Drug-action," by Dr. Percy Wilde, published in the *Journal of the British Homœopathic Society*, 1903. Herein Dr. Wilde furnishes some very important illustrations of a matter hitherto little thought of: how energy, liberated by trituration of active and also of inert substances, is capable of manifesting itself by forcing these substances to combine with others. In this connection Dr. Wilde maintains that, in order to reduce any substance by trituration, a "tritulant" is to be introduced, by means of which progressive comminution is attained, in the proportion of 1 in 10, or 1 in 100, in the usual manner. "By gradually increasing the quantity of this substance, the size of the particles can be reduced indefinitely." (P. 69.) On p. 73, Dr. Wilde states that, "It will be found on examination that this second (in this case) centesimal potency *contains never less than the number of particles in the first centesimal; but they are reduced 10,000 times in size.*" (Italics mine.)

"It will be observed," continues Dr. Wilde, "that the mechanical force used in separating one particle from another remains in the trituration as a permanent factor, because the cohesion of the particles of the tritulant (in this case glass) overcomes their attraction to one another. The mechanical conditions are precisely akin to those we have observed in the case of chemical combination, and may be explained by the same diagram. The forces at work are not of the same magnitude, but it can be demonstrated *that these forces increase as the size of the particle diminishes.*" (Italics mine.)

It may be that Dr. Wilde has made and published observations on the divisibility of glass and other substances undergoing trituration. If so, they have escaped my attention. This

would be a source of great regret to me, as it is one of vital importance to homœopathic pharmacy. A comparison of his methods with mine, of which a synopsis is subjoined, would be of much value in clearing up a not wholly-explored subject.

The above is the sum-and-substance of the matter, in which there is, undoubtedly, a great deal of truth and food for reflection, only we shall have to take into consideration some factors not previously reckoned with, although the material for this purpose was at hand. This will be explained below, and will refer to the size and number of particles wherever my investigations differ from the observations of Dr. Wilde.

I. In the first place, I repeated all of Dr. Wilde's experimental tests, as described by him on pp. 69-71, as follows: Having had triturations of indigo and glass made from  $\frac{1}{1000}$ , to  $\frac{1}{100000}$ , and an extra one of aniline of  $\frac{1}{100000}$ , I proceeded, first, by dissolving "some" of the indigo-glass trituration, in proportion of  $\frac{1}{99}$ , in 1 oz. of rectified spirit. At first, there appeared the distinctly blue color of the mixture, followed by rapid settling of the powder. In this I could not distinguish the glass from the indigo in the homogeneous blue sediment. In forty-eight hours the settling-process had ceased, leaving the supernatant fluid perfectly clear.

In this I could not, like Dr. Wilde, perceive any solution of indigo-carmines causing a red solution; but it is certain that none of the indigo was dissolved by the alcohol.

II. Twenty grains of aniline-violet-glass-trituration, of  $\frac{1}{100000}$ , were dissolved in  $\frac{1}{2}$  oz. of distilled water and well shaken. At first, a very perceptible violet-purple color ensued (hardly to be expected from so minute a quantity). In five days the trituration had apparently subsided, in the form of a pale, violet-purple sediment, while the original triturate appears as a perfectly white powder, not pale-violet, as described by Dr. Wilde. The supernatant fluid, after ten days, still remains perceptibly violet-purple. While Dr. Wilde finds that none of the aniline had been dissolved in the water, in my experiment it did dissolve. There is also this difference between our observations, that my trituration, of  $\frac{1}{100000}$ , appears perfectly white, but at once, upon addition of water, produces a bright color. Dr. Wilde's powder, on the other hand, was of a pale-violet color; but none of the aniline had dissolved in the water, presumably showing no color.

III. I next made a similar preparation, like Dr. Wilde, using spirits of wine, instead of water, as a solvent. Therefrom I obtained, not a pale-violet solution, like Dr. Wilde, but rather a bright, violet-purple solution. Unlike the watery solution, which resulted in a purple sediment, proving, as Dr. Wilde points out, that the alcohol, in dissolving the aniline, has greater power than water of breaking up the cohesive force. After standing for five days the supernatant fluid of this alcoholic mixture shows only a faintly violet-tinge. After ten days no trace of color is to be seen, while the sediment is purely white.

It appears that the alcohol, at first, dissolves the aniline and then obliterates the color; for had the color settled with the glass the sediment would have been of pale-violet color, like that of the watery solution; or is it that the color is obliterated by close cohesion, caused by energy of glass and aniline set free? There are many unsolved questions connected with this subject.

IV. Twenty grains of indigo-glass,  $\frac{1}{10000}$ , were shaken with  $\frac{1}{2}$  oz. of spirit, and standing over night left supernatant fluid clear, perhaps with a faint, bluish-tinge. When boiled for ten minutes the glass quickly settles at the bottom of the test-tube, leaving the bluish, supernatant fluid. This, in twenty-four hours, was clear and colorless, showing, as Dr. Wilde did, that the glass and indigo cohering sink to the bottom.

V. The next experiment of Dr. Wilde was, in many respects, the most interesting one. Boiling the trituration,  $\frac{1}{10000}$ , with spirit, failed in trying to obtain a solution; it could not be accomplished by any amount of boiling. As Dr. Wilde does not state the quantity of trituration to be boiled in the next test, 20 grains of indigo-glass,  $\frac{1}{1000000}$ , were added to  $\frac{1}{2}$  oz. of alcohol and boiled for five minutes. In my experiment the glass settled very quickly, leaving a very faintly-yellowish, but clear, fluid standing above the sediment. This has not changed in the least in ten days; but look at it as I would, it was impossible to get the "emerald-green color," though repeating the experiment several times.

As a control-test, I boiled 20 grains of pure glass, ground nine hours for me (by Messrs. Otis Clapp & Son), in  $\frac{1}{2}$  oz. of spirit, until nearly one-half of this had evaporated. In twenty-four hours, and for days afterwards, the fluid over the sediment



had the same faint, yellowish-tinge seen in the  $\frac{1}{100000}$  trituration after boiling.

On a former occasion, I allowed this finely-triturated glass, in proportion of 20 grains to the  $\frac{1}{2}$  oz. of water, to stand for three months, after which time a slight degree of turbidity, but no yellowish-tinge, was still noticeable, less so in alcohol mixtures than in watery ones. Microscopically, the minutest (undissolved?) particles could always be seen by drying a drop upon a slide. A particle measuring between  $\frac{1}{2000}$  and  $\frac{1}{3000}$  mm. will remain suspended in the water,—a circumstance to be comprehended, when we are able to form in our minds an idea of the extreme smallness, on account of which its specific gravity is overcome by the density of the water.

Besides this, the solubility of glass is no longer doubted (see my article on the "Solubility of Glass," *North Am. Jour. of Homœopathy*, Sept., 1899; also, "Resistenz-Glas," made by Greiner and Friedrichs, Stuetzerbach, Thuringen. Chemists being troubled in fine analyses by the solubility of glass); and there is reason to think that, in our experiments, a portion of the glass may have been dissolved in the alcohol, thus giving rise to the yellow tinge, as a result of the refraction of the fluid being changed by the presence of glass.

Increased potential energy by progressive trituration, according to Dr. Wilde (p. 71), causes indigo and glass to cohere, and he "should be able, by adding more potential energy to the triturate by continuation of the process, to supply the energy which was needed, and the indigo would dissolve in the spirit."

This is successful in solution of  $\frac{1}{100000}$  triturate by boiling it in spirit. Triturations of  $\frac{1}{1000}$  would not dissolve or show color in this way.

It should be supposed that, according to the assumption that as the cohesive power of particles increases with their smallness, the energy to cause cohesion would have been so great in the  $\frac{1}{100000}$  trit. that an additional supply of energy by boiling would have been unnecessary.

Strange to say that, in repeating these trials in the manner of Dr. Wilde, our results differ somewhat in regard to the degree of color obtained, *e.g.*, from the  $\frac{1}{100000}$  trits., which in one case, dissolved in water, it subsides without leaving any

color, but exhibits distinct violet color in another experiment. One effect, however, seems to be constant, as observed by Dr. Wilde: Indigo,  $\frac{1}{1000}$ , will not dissolve in alcohol to show color. Aniline,  $\frac{1}{10000}$ , dissolved in water, shows no color in Dr. Wilde's tests, but quite perceptible color in mine, leaving a violet sediment. The same, dissolved in alcohol, at first shows very bright violet (purple) color, which in ten days vanishes, leaving a perfectly white sediment.

In my hands, the boiling-test was entirely negative, as it did not result in the hoped-for green color. Possibly, there may have been a difference in the indigo and aniline used by us. Aniline, which I have used in making stains, comes in grades varying in intensity of color. Dr. Wilde speaks of violet, but the preparations used by me, to my eye, appeared more purple than violet. This, however, should make no difference in principle, if it is true that trituration causes progressive diminution in size, though not in number, of particles, thus increasing their cohesive energy.

All of my numerous, prolonged and careful tests, of which I give a synopsis below, do not admit of the above assumption; but they plainly demonstrate the limit of minuteness. If we can form an adequate conception of the minuteness of particles of charcoal, gold, copper, glass, etc., we cannot fail to perceive that their energy, at this limit, must be at its height and capable of cohesion with other substances. It is impossible to reduce the size any farther by mortar-grinding (or any other mechanical means), with which alone we have to do; nor is it essential that it should be more reduced in order to exert all the energy needed, short of that exerted by the molecule or its atom, from which our particle is a long way off. Still, there is evidence that the degree of reduction reached by trituration (or, better, by precipitation), some chemical energy and the tendency to form combinations is already present in a feeble degree.

What we aim to do, since Hahnemann's time, is to liberate the energy of medicinal substances. Perhaps, dilution is the most potent method. Trituration is much less so—much less than has been assumed hitherto. Unfortunately, too, our triturant, milk-sugar, is not capable of doing the work attributed to it. How much energy glass, with its incisiveness, is able to

liberate may be estimated from the foregoing experiments. The same could not be expected from milk-sugar. But my next experiments will be with this substance.

The work of Dr. Percy Wilde is based on the tradition that, in trituration with a triturant, the particles of the substance to be triturated undergo progressive diminution, ten times or an hundred times, according to the scale adopted. Like many things, it could reasonably be assumed to be so, in the absence of proper methods of examination; but, wherever and whenever these have been properly applied, they furnish the proof of the fallacy of assumptions, however reasonable these may appear. Twenty-five years ago, since 1877, I devoted many months of patient labor to the investigation of this subject, and a few others have added considerably to the knowledge of the effect of mortar-grinding upon hard, insoluble substances. Since the first appearance of my papers on this subject, there arose numerous controversies which, at first, produced much confusion and excitement and some painfully personal allusions. All this has been changed into a better understanding. Although it was to be hoped that homœopathic doctors would henceforth investigate this matter for themselves, they have not done so either to corroborate or to refute my statements, and now the whole subject is sunken into quiescent indifference.

Dr. Wilde, like most others, accepts the Hahnemannian axiom of progressive comminution, according to the scale adopted (see p. 69 of Dr. Wilde's paper). Many months of careful work have convinced me, as it would have convinced others willing to undertake it, that mortar-grinding is able to reduce only a moderate proportion of the substance to be ground to its finest particles, having a definite limit; but that a not inconsiderable proportion is still unreduced after the third trituration or after any amount of grinding.

I must here allude to a circumstance not sufficiently understood before: Comminution progresses very slowly when crude substances, like charcoal, leaf-gold, leaf-copper or iron-filings, are used. Pharmacists do not use them in this form, but at once begin with precipitates of all substances obtainable in that way. A precipitate from a very dilute solution of gold, copper or silver will produce more minute particles than more concentrated solutions will do, and so they naturally use the finest. Yet the finest particles produced in this way are of the



same size as those it is possible to produce by hand-grinding among very coarse fragments already in the first triturations. There is a limit to the size of particles in either case.

The finest particles of various metals, charcoal, etc., measure between  $\frac{1}{1000}$  and  $\frac{1}{3000}$  mm., and no amount of grinding is able to reduce them to greater fineness. There is an observable limit. This seems very strange, and in the face of ancient traditions and assumptions, incredible. For many weeks my attention was given to the subject; but try, as I would, by all kinds of illumination, direct and indirect, with prisms and condensers of all kinds, including Abbe's, there was nothing to show that the particles having reached the stated degree of fineness were farther reducible. This, in my experience, is a fact. Perhaps others may find means to disprove it. So far, none have done so to my satisfaction. Only let it be understood that this refers to mortar-grinding, and not to other mechanical methods or those of chemistry, by means of which a greater degree of minuteness may be reached.

If it is a fact, it is an interesting, if not an important, one, referable to the reduction of particles to something like an approach to the molecular condition. Although a long way from molecular magnitude, particles refuse to be farther comminuted and exhibit signs of requiring chemical force to do it. What is called molecular motion begins at this stage of comminution.

The particles of precipitates of metals are of the same dimensions as the minutest particles of those metals obtained by mortar-grinding.

If leaf-gold, silver, copper, charcoal or iron-filings are used as originally recommended, it is possible to estimate that of the coarse and fine particles in the field only about one-fourth of the whole mass of either of those substances, as well as of quicksilver and glass, has reached the limit of smallest particles, even after the most protracted trituration.

The proof of this statement is not difficult after one has learned how to find it. We will accept Dr. Wilde's statement that the microscope will define objects of  $\frac{1}{100000}$  of an inch;  $\frac{1}{50000}$  of an inch ( $\frac{1}{2000}$  mm.) is, therefore, within the range of the microscope, and anything smaller than that should be easily visible, even if the object measured  $\frac{1}{75000}$  of an inch ( $\frac{1}{3000}$  mm.).

This is one method of determining the limit. But to ap-

proach the question of divisibility from another point, Messrs. Otis Clapp & Son kindly prepared for me three series of triturations of pure glass; one ground in a dry state for nine consecutive hours, a sample having been reserved at the end of every hour, and another ground for three hours in a dry state, and then in a wet state for three hours longer, a sample having been reserved at the end of each hour. The third series was a trituration of glass with milk-sugar for nine hours. The result of microscopic examination of these three series, beginning with those of nine hours, was to find that it consisted of countless particles measuring from  $\frac{1}{1000}$  to  $\frac{1}{3000}$ , or on an average  $\frac{1}{2000}$  mm. Together with these were present a great many larger fragments of  $\frac{1}{100}$  down to  $\frac{9}{25}$  mm. From the nine hour down to that of one hour, there was perceptible only a very gradual increase of largest fragments, or a very slight decrease in following the scale upward; also an equally gradual diminution of the number of minutest particles; but not in regard to their size. This means that even very protracted grinding is unable to reduce the whole of a substance to its smallest particles.

This was the same in regard to the one-hour triturations, as well as those of nine hours. They are absolutely irreducible by mortar-grinding beyond the limit mentioned.\*

As a farther demonstration that the limit of reduction in size had been reached, I personally ground a quantity of copper-precipitate with powdered glass in the proportion of 1:5 in a glass-mortar. Before examining this trituration, a minute fragment of pure powdered glass was covered with balsam, and this with a cover-glass. The balsam and the glass being of the same refractive index, this almost completely obscured the glass, of which only faint outlines of the largest particles were visible. When, now, the copper-glass trituration was examined in the same way, the copper particles alone were visible, and these had not been reduced to any greater degree of fineness nor

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\* The apparent discrepancy between my own measurements (between  $\frac{1}{1000}$  and  $\frac{3}{1000}$  mm.) differ, however, slightly from the measurements of Drs. Haupt, J. Edwards Smith and Buchmann. This is not essential, as a certain amount of estimating is permissible; e.g., to see how many particles may lie in a row between  $\frac{1}{1000}$  division of the stage-micrometer. The main point is that they are perfectly definable and visible. Dr. J. Edwards Smith, by the way, has resolved Prof. Rogers' lines of 120,000 to the inch. See, his work, *How to See with the Microscope*, p. 252.

changed in any way, as might properly have been assumed, considering the long attrition with glass. To my knowledge, after painstaking observation, further reduction had not occurred; and this is a most interesting circumstance, which I seriously wish others to investigate, not by counter-theories, but by conscientious expert work.

It must not be supposed that any one would, at once, be able to demonstrate this to his own satisfaction. I would attach little importance to the statement, even of an expert microscopist, who had never worked in the field of mortar-trituration. To find out just what this can accomplish requires a good many hours of patient work through many disappointments and self-deceptions. We are looking for the minutest particles, and expect a gradual transition to the infinite. But gradually it dawns upon the observer that he has found a limit to reduction, and that many appearances beyond that are phantoms of inaccurate observation, focussing and ignorance of the manipulations required for this particular subject. These can only be acquired by gradual experimentation, because there is nothing which will foretell what may ultimately be found in experimental research. In this matter of trituration, as well as in other microscopic work, the observer should be able to define clearly, and without fail, every object on a Moeller test-plate, from the largest frustule to the extremely difficult *amphipleura pellucida*, with its 40,000 lines to the inch. This will teach correct focussing, the want of which has precipitated a useless discussion.

Finally, it should be urged that milk-sugar is a very poor "tritulant." Many hours spent conscientiously, forty-five years ago, in making my own triturations, by grinding ten minutes and scraping for five minutes, taught me that milk-sugar did not "cut" hard, metallic substances much. Its water of crystallization makes it adhere to the mortar and protects the particles to be ground. Still, we know of no substitute for it in the trituration of ordinary and more friable substances.\*

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\* Those seeking more detailed information on the subject, pro and con, will find it in the *Transactions of the American Institute of Homœopathy* of 1878, 1882, 1883, 1886, 1887. Also, in *New England Medical Gazette* of March, 1887, and of May, June and July, 1880. Also, a *résumé* of the subject in the *Zeitschrift des Berliner Vereins Homœopathischer Aerzte*, 1884.



## GYNÆCOLOGIC CASES ASSOCIATED WITH APPENDICULAR DISEASE.

THEODORE L. CHASE, M.D., PHILADELPHIA.

THE percentage of gynæcologic cases complicated with disease of the appendix is not large, but the diagnosis and treatment of such is especially important, owing to the fact that we secure only partial relief when one of the morbid conditions is not recognized at the time of operation. If the diagnosis is not clear, operation is too long deferred and this is followed by an increase in the fatalities.

Medical literature formerly treated appendicitis as especially occurring in the male, in the proportion of seven to one; later writers cited their observations as five to one and at the present time many statistics have been recorded where appendicitis in the female was noted in one-third the number of cases. This has been due to the fact that more accurate observations among gynec surgeons have brought to light an increase in the cases occurring among females, and of the number a large percentage have been associated with tubo-ovarian disease. Errors in diagnosis are made in a small percentage of cases, owing to the difficulty of obtaining an accurate knowledge of the intra-abdominal conditions. This is especially the case when the appendix occupies an abnormal location, as is exemplified in the cases where the organ extends across the abdominal cavity and adheres to the structures in the left pelvis giving rise to many confusing symptoms, among which we have the maximum pain and tenderness in the left lower quadrant.

Of abdominal sections performed in my hospital service, I find about 11 per cent. showing diseased appendices. This complication is noted to have occurred particularly in the sub-acute or chronic stages of tubo-ovarian disease. When an attack of appendicitis and adnexal inflammation begin simultaneously the symptoms are apt to be confusing. We know that a frank seizure of appendicitis often occurs with the menstrual flow, which may come on as an irregular period, associated with more or less pain in the lower right quadrant and extending down into the pelvis. In such an uncomplicated case a pelvic

examination would be negative. With both of the above-mentioned abnormal conditions present in an individual there is discoverable in the pelvis an inflammatory mass, with varying symptoms, according to which was the primary cause of infection. If the appendix was first affected the pain and local tenderness begin above the pelvis, about the McBurney area, with secondary involvement of the adnexa; the symptoms referable to the pelvic cavity follow in their train. On the other hand, if the tubo-ovarian disease was the primary one, the pelvic symptoms occur at the same time or precede the attack. In many cases you will find by careful inquiry into the history of the patient, symptoms which point to tubal or ovarian disease. The symptoms are those of tubo-ovarian disease, combined with those arising from appendicular inflammation. The complexity varies, according to the position occupied by the appendix, the area of inflammation and the tissues involved.

Among the cases recorded I find the following pathologic conditions: In two cases there was an open fistula between the adherent appendix and right pyosalpinx.

Three cases where the appendix was bound by adhesions to a right tubo-ovarian mass.

One case in which the appendix, omentum, tube, ovary and uterus were intimately blended, the whole forming a large, inflammatory tumor.

Two cases showing the appendix attached to a right ectopic (tubal) pregnancy, one of which had ruptured; the other was still intact at time of operation.

Two cases wherein the appendix was reduced to a fibrous cord and attached to a tubo-ovarian mass, which had also advanced to the same state of fibrous change.

One case where the appendix pointed downward, backward and was adherent to the lower border of the right kidney, which was slightly dislocated downward. In this case the principal symptom was pain referred to the lower right quadrant and transmitted posteriorly to the kidney area. This symptom was considered due to a right salpingitis (which was present) until cœliotomy revealed the appendicular attachment.

One case having the appendix stretched diagonally across the abdomen and attached to the small intestines in its course, also adherent by its tip to a left-sided pyosalpinx. This appendix

was 15 centimeters long and by its torsion produced left-sided pain, with numerous reflex-symptoms of vague and indirect character, which were all relieved following the operation.

One case, a young girl brought to the hospital with a history of traumatism over the lower right quadrant, produced by



Showing double pyosalpinx, and appendix adherent to lower border of the right kidney.

falling face downward in the street on some loose cobblestones. There were three bruises over the right iliac fossa to corroborate her statement. After observing the case for several days, and the soreness continuing, the abdomen was



opened, showing a chronic salpingitis of the right side with an inflamed appendix; there being no connection between the two. (Rare.)

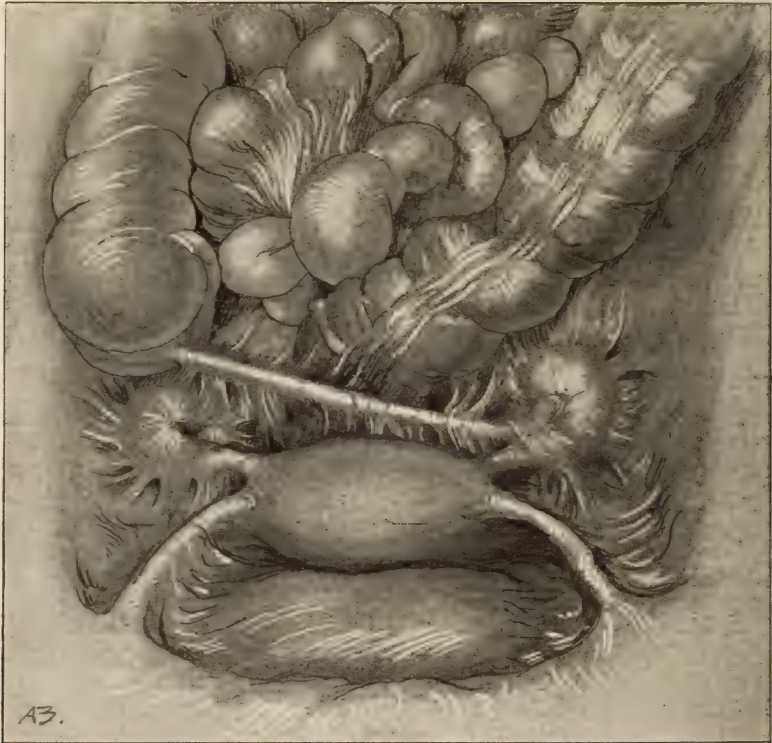
Two cases of obliterative appendicitis, wherein the appendix (in one instance) was reduced to a fibrous cord having no mesentery and adherent to neighboring structures. The other was a patient aged 58, who gave a history of frequent attacks of abdominal pain referable to the right side, occurring every few months over a period of twelve years; abdominal section revealed an amputated appendix attached to the cæcum by the meso-appendix only. There was a small elevation on the cæcum showing where the base of the appendix had been.

One case of retro-cæcal adherent appendix. This patient had been a sufferer for ten years with a prolapsed, enlarged and painful right ovary, but had refused operative relief. She eventually had an attack of appendicitis, which cleared up sufficiently to enable her to be about at the expiration of seven days. Some soreness remained over the right lateral region, on a line with the umbilicus. Operation disclosed an appendix which was difficult to locate until by following the longitudinal fibres along the raphe of the colon, the organ was found bound down with numerous adhesions behind the cæcum.

The above gives sixteen cases, which elucidate some of the appendicular complications I have met with in gynæcologic surgery. Other observers have reported cases having fistulæ connecting the appendix with the liver, gall-bladder, pleural sac, intestines, bladder, etc. Among Kelly's statistics are found 115 abdominal sections for pelvic disease; the appendix was adherent to the right tube or ovary in 10 instances. Adhesions of the appendix were found in 37 cases; in 3 cases it was congested, and in 1 obliterated at its base; thus leaving 64 normal.

A case illustrating the point made in the opening sentence is worthy of note. A young woman 20 years of age, consulted her family physician for symptoms which were diagnosed as due to appendicitis. A consultant was called upon and promptly opened the abdomen, removing a slightly inflamed appendix. Vaginal examination was not made. The post-operative period lasted over three months, during which time

there were only four days that the morning temperature reached normal; that of the evening varied from 99.5° F. to 100.5° F. Upon vaginal examination there was found a thickened tube on the right side, quite painful when touched by the examining finger, the patient immediately exclaiming, "There is that old appendicitis pain again!" Many of the symptoms in this case, which had been considered as coming from the



Appendix adherent to pyosalpinx in left pelvis, also adhesions along the entire length of the organ binding it to the uterus, rectum and tubo-ovarian mass on the right side.

inflamed appendix could be reproduced by making pressure upon the chronically-inflamed tube. I could cite numerous instances of similar cases in women where the entire treatment was directed to the McBurney area, and where the symptoms persisted, and later, a pelvic examination revealed adnexal disease, which required further surgical interference to restore the patient to health.

In women, a retraction of the thigh early in an attack of appendicitis is not often due to the appendicular inflammation, but to a co-existent inflammation of the right adnexal organs, in contrast with the same symptom in the male, wherein the flexed thigh is caused by the inflamed appendix resting upon the posterior layer of the parietal peritoneum, where there is an involvement of the peritoneal tissues with or without abscess-formation.

Infection travels from the appendix to the pelvic structures by the lymphatic channels, which enter the meso-appendix and pass onward, emptying into the mesenteric and meso-colic glands; also by way of the appendiculo-ovarian ligament, to the right adnexa and uterus, and thence to the pelvic fascia. The blood-vessels are also avenues along which infection is apt to be carried to other organs.

In cases where the appendix is situated low down, and in contact with an inflamed Fallopian tube, it soon becomes associated with the former disease, and *vice versa*.

If there is present in a patient, positive evidence of tubo-ovarian disease, and a mixed train of symptoms, such as epigastric or umbilical pain, with nausea or vomiting, constipation or diarrhœa, the pelvic pain extending well up on the right side of the abdomen with rigidity of the over-lying muscles, a diagnosis of appendicular inflammation should be made and the case considered from this standpoint. There is one exception which would cause us to modify this statement, namely, in the case of gonorrhœal infection, wherein both uterine appendages were affected and a slow, progressive, pelvic peritonitis is under way. Here we often find the patient nauseated and having paroxysmal attacks of pain extending across the lower abdomen. If the physician is called in late in such a case, he may find considerable difficulty in making a diagnosis. The microscopic examination of the vaginal discharges may help; but the fact must not be lost sight of that the gonococci, even when they are the causative agent, cannot always be identified.

When the appendix is the seat of primary inflammation there should be no difficulty in diagnosing the conditions, and it is gratifying to see our patients consenting to operation without protest. Compare the present with a few years ago, when



nearly every patient shrank from surgical interference until *in extremis*.

Occasionally, there is found above the pelvis a small, ovarian cyst, with twisted pedicle, and, if this is located on the right side it would complicate the diagnosis; but, as it produces symptoms indicative of operative interference, the proper treatment would be made.

In treating gynecologic cases where the right tube or ovary is inflamed we should always examine carefully to determine whether the appendix is involved or not; if such is found to be the case, early operation should be advised.

The cases that are seen late, having a low position of the appendix with rapid onset, are soon followed by acute inflammatory changes. The adhesions formed are weak and insufficient to wall-off the peritoneal cavity from infection; hence the pus tends to leak into the pelvis, forming secondary abscesses, which produce severe pelvic pain with more or less bladder and rectal irritability. Such cases develop a high degree of toxæmia. Pelvic examination shows the contained organs matted together and immovable.

Leucocytosis can be demonstrated if the blood-analysis is made at the proper time.

Cases developing abscess (of appendicular origin) are extremely virulent and very difficult to handle successfully.

The best reason for selecting the abdominal route in operating for pelvic disease is that the appendix can be directly dealt with through a cœliotomy incision; whereas, in the vaginal incision, the appendix cannot be inspected or removed. The preferable incision then, is through the right rectus muscle. After the muscle-fibres are separated the peritoneum is opened, and if the abscess is deep-seated, the free peritoneal cavity is walled off with gauze; then gently lifting up upon the cæcum until the inflammatory mass involving the appendix is reached, the pus can be liberated by careful, blunt dissection into the abscess-cavity, using small strips of dry gauze to sponge out the pus; after which a few pieces of gauze, previously soaked in hydrogen dioxide are wiped over the cavity. If the appendix and tube are free and can be easily removed they should be so treated.

In cases where the abscess is situated low down in the pelvis,

drainage can be made through the posterior *cul-de-sac* with a strip of iodoform-gauze, which should be removed in forty-eight hours. Where a pelvic abscess has its origin in the appendix, the danger of having a coil of intestines below the abscess-cavity must be remembered.

When the appendix is found showing chronic inflammation associated with pelvic disease, the majority of cases can be treated by total removal of the diseased organs and the wound closed. In case the appendix and tube are not subject to easy removal they should be allowed to remain, even at the risk of future infection. An attempt at extensive dissection in these cases carries with it a high mortality. Subsequent operation for their removal can be undertaken with much less risk to the patient.

In a small percentage of cases, where the vital forces are very low from prolonged sepsis, the patient cannot stand an abdominal section without great risk to life; the posterior *cul-de-sac* operation can here be used to drain the abscess and, after the patient is built up, the complete operation can be carried out.

*Summary.*—1. The history of a case will often give valuable data leading us to determine the primary source of the inflammation.

2. The appendix should always be inspected when operating for pelvic disease.

3. Abdominal section is the preferable operation in dealing with these cases, as the appendix can always be examined and removed, if necessary.

4. In cases of tubo-ovarian diseases confined to the right side, and associated with indefinite intra-abdominal symptoms, early operation should be the rule.

5. Late cases of pelvic abscess having a high degree of toxæmia are more safely treated by evacuation through a posterior *cul-de-sac* incision.

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FORMULA FOR A MOUTH-WASH.—The following is said to be a useful mouth-wash and gargle in cases of foul breath: Thymol, 0.50; alcohol, 30.0; glycerin, 15.0; formalin, gtt., 8; aqua, 45.0. Drop into water until the desired strength is obtained.—*O Iatrike Proodos*, No. 2, 1903.

## LARGE AND SMALL DOSES—A REPLY.

BY C. B. GILBERT, M.D., WASHINGTON, D.C.

THE article by Dr. Howard, on p. 270, current volume of the *HAHNEMANNIAN*, seems to the writer to contain "fatal errors," and he craves space for a reply.

The doctor says: "There are two ways of using drug-power: First: For distinct, mechanical purposes, which reason dictates as being essential for relief."

In the case of emptying the bowel or the stomach, it might be said that the result is mechanical, but in the case of dropsy, mentioned by the doctor in his Institute article, to which he refers, the writer cannot accept the mechanical explanation, but asserts that it is *contrary*—pure and simple, as well as the method by which the mechanical emptying of the bowel is brought about.

There are two factors in the operation of drugs on the body—the action of the drug and the resistance of the vital force; it is true that the symptoms of the drug are continuous and constant while they continue, but they are stopped either by death or by the resisting-power of the body; the moment that progression ceases, that moment the symptoms become those of the reaction of the vital force—the so-called secondary symptoms.

The province of the vital force is to carry on life and preserve it; hence, as soon as anything injuring health enters the body, there is resistance—that is, there is an increased "tone" to the functions, just as before coming down with sickness persons will have an increased sense of well-being; if the dose of poison be stronger than the resistance of the vital force, drug-symptoms set in, are continuous until they run their course, and end either in death or cease while there is life; in the first case there is only resistance; in the second there is reaction and the symptoms are of an opposite character—the commonly-called secondary symptoms.

By "primary" symptoms the writer understands the first action upon a tissue or organ, and not the first of a sequence, in different tissues or organs.



The reaction must always be in the direction of the resistance and of the same character, as both are directed toward health and must be controlled by the same physiological laws. Often, and perhaps generally, the resistance is not perceived by the prover, because the action is of a natural character and occasions no distress for that reason.

Two examples are given by the doctor for the purpose of showing the different action of drugs, neither of which, in the writer's opinion, show what he claims. *Digitalis* will not "brace up" a weak heart when given in large doses; it slows a pulse, the rapidity of which indicates the effort of the system to throw off the offending irritation, weakens it, and the patient will die suddenly, unless nature comes to the rescue by throwing off the disease for which the *digitalis* has been given by means of the action of the vital force, and the drug be stopped; but if the pulse be slow, soft, full, weak, quick and irregular, or even intermittent, then very small doses will "brace up" a weak heart, because it is homœopathic to the primary condition.

The second example is *podophyllum* for a watery diarrhœa, which is quite correct, but he says that in the continuation of the action of the drug, mucus stools, which follow the watery ones, must be "cured" with larger doses than the watery ones, and that the clay-colored (white) stools, showing absence of bile, are "cured" with still larger doses; the watery stools are the primary condition, and are "cured," as the doctor says, but the mucus and white stools are not the direct result of the drug, but are the first evidence of the reaction of the vital force, the bileless stools being a still louder protest against the abuse of the system; this protest is in the direction of health, and, therefore, cannot be used as a basis for a homœopathic prescription; but if white stools are found as a primary condition, and not at the end of a chain, as the doctor says, then some other remedy must be selected which has that order; to give *podophyllum* for white stools is allopathy pure and simple—*contraria*; if the remedy should be given in large doses, for a homœopathic prescription, it would be murderous, and the fact that a large dose must be given shows, in itself, that the action is contrary.

The farther a proving is pushed, the more interior the symp-

toms become, and the more the reactionary power of the system becomes weakened; it behooves us, therefore, to select such a dose that, under all circumstances, it will not make a bad matter worse; as the central nervous-system controls the body, any dose which is especially adapted to arouse that system to increased activity will enable the body to throw off the diseased condition, if medicine can do it; it is not a chemical antidote that is needed, but a dynamic dose that will help the system, by excitation, to eliminate the poison through the natural excretory channels.

All medicine is poison, no matter in what dose it may be given, and exhausts the nervous-system just in proportion to the amount used; therefore, the less used in accomplishing the object the better; it is the writer's claim that if the primary symptoms *only* be used as a basis for the prescription, the dose cannot be too small, and that any dose will cure if it be small enough, just as Hahnemann declared, and as has been demonstrated by his followers thousands of times.

*"This incontrovertible principle, founded on experience, furnishes a standard, according to which the doses of homœopathic medicines are invariably to be reduced so far, that even after having been taken, they will produce an almost imperceptible homœopathic aggravation. We should not be deterred from using such doses by the high degree of rarefaction that may have been reached, however incredible they may appear to the coarse material ideas of ordinary practitioners; their arguments will be silenced by the verdict of infallible experience."* (*Organon*, ¶ 280.)

Under *nux vomica* and sulphur, in Allen's *Encyclopædia*, it will be seen that a high dilution of a drug will produce symptoms in an order the reverse of that from the crude drug; hence, a high attenuation of a drug will bring about reaction in a diseased body more quickly, and without the aggravation which follows the crude doses; inasmuch as that is the result desired, it follows that the best dose is the one which will produce the reactionary symptoms first, and thus start the patient immediately toward health, and not away from it, through a primary aggravation.

The more interiorly a drug progresses in its action, the weaker the resistance becomes, and the less medicine we must give in order to avoid a fatal result; but the indications do not

change and do not call for a different dose. "Allah is great, and there is no other!"

There is one condition where the secondary symptoms may be "cured" when the remedy has been prescribed on accompanying primary symptoms; that is, where medicine has failed and the symptoms have been gradually overcome by the natural forces of the body under improved circumstances, such as a change of occupation, or residence or some other fortuitous circumstance, and yet the patient is not well. Such a case was reported last year in the *Medical Advance* by Dr. C. E. Fisher, and was a case of obstinate and prolonged constipation, cured with pulsatilla. This writer, in commenting on the case, said that the patient must, in years past, have suffered from a pulsatilla diarrhœa, a statement which was confirmed by Dr. H. C. Allen. Another case was that of Carroll Dunham's, where he cured, with aloes high, a case of headache in a woman, given because she had suffered the summer before with aloes diarrhœa, which had not been cured, but which had gotten better as the cool weather came on; the headache was cured and the patient remained well.

It is true that secondary symptoms may be relieved by the small dose, but it is only palliation, and another drug has to be given in order to *cure*; there is no exception. The writer has seen a dose of sulphur 200 empty the bowels, but it was only temporary, and the bowels were tighter than ever, following it.

In a paper on this subject, read before the Institute at Newport, the writer summed the points up as follows:

"Primary symptoms are the direct effect of drug-action, and are alone to be used as the basis of a homœopathic prescription.

"Secondary symptoms are evidence of vital reaction toward health and have no simile in diseased states of the body; they cannot, therefore, be used as the basis of a homœopathic prescription.

"A dose based on the secondary symptoms is given under the law of contraries, and is not homœopathic."

A law of dose cannot be formulated on the line of similars, because, while we *select* the remedy by that law, the *action* is *contrary*, as was pointed out by C. Hering long ago; it is de-



sirable, therefore, that we give a dose which will act most quickly that way; hence we should, preferably, select the high attenuation, the degree of attenuation being governed by the remedy.

"A high attenuation of a remedy will produce, in the healthy, symptoms contrary to those of the crude drug and the similar disease."

Where the contrary action will begin can be learned only by experiment, and, as individuals differ, so action and reaction will differ; the dose may be varied, as the vital force is elastic, but there must be a minimum; beyond that, the scale may be carried up indefinitely.

The writer's law of dose is this:

Such an attenuation as will induce symptoms in the opposite order from those induced by the crude drug, without previous aggravation, the attenuation to be ascertained by means of provings.

The doctor's article revives the exploded doctrine of Dr. E. M. Hale, that primary symptoms call for the high attenuation, while secondary symptoms call for the low, or the crude drug. Such a course will land him in the allopathic camp, just at it did Dr. Hale; in fact, it would seem that he has one foot there now, judging by the following extract from his article:

"In the second instance, . . . experience shows that the dose may often be infinitesimal in character, and never large, except in the presence of potent poisons, when the need of larger doses may be explained on antidotal grounds. (Syphilis, malaria, etc.)"

If that is not the grossest allopathy, this writer does not know what it is. Is it chemistry? Is the body a crucible?

The law of therapeutics cannot be written—*similia contraria, similibus contrariis, curantur*; in other words, you cannot blow hot and cold with one breath; you cannot serve God (*similia*) and mammon (*contraria*).

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PERTUSSIS, ANOTHER SPECIFIC.—It is claimed that *piscidia erythrina*, Jamaica dogwood, is as much a specific for pertussis as is quinine for malaria. The dose is three drops, in teaspoonful of water, every three or four hours. The experience of Dr. Asa Jones, in *Medical Record*, seems to substantiate this statement.—*Cleveland Med. and Surg. Reporter*. This remedy has been used very successfully in toothache and other painful affections.

## EDITORIAL.

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### THE DOMAIN OF SURGERY.

A USEFUL task it would be for some Dryasdust to trace, and an interesting story for us to read, the gradual development of the barber, cupper and bleeder of the not too-remote past, humbly at the beck-and-call of the powerful, all-sufficient physician, into the resourceful surgeon of the present day, the final court of appeal for the baffled practitioner, the last hope of the despairing patient.

The progress of surgery has been so rapid, so widespread, so dazzling, because so tangible, that it seems to have outstripped in every department of medicine its therapeutic rival. Indeed, from being at first only subservient to the medicinal treatment of disease, it has itself come to be regarded more and more as an independent therapeutic measure. Its brilliant and striking results in the removal of the evidences of disease, compared with the slow, empirical and, so often, futile efforts of drug-treatment to remove the cause, have very naturally produced a profound impression upon both the lay and the professional mind. In consequence of this we are confronted with a danger which threatens not only the cause of true therapeutics at the present time, but even the prestige of surgery itself in the future. From being restricted originally to what were considered local—we might almost call them mechanical—derangements of the organism, surgery is constantly making inroads into the domain of what have ever been recognized as systemic or constitutional conditions with localized effects. This of itself would not be a source of danger were it not unfortunately attended more and more with a transference in thought and in action of the idea of a purely local character to the conditions it attempts to treat, and a disregard of the often unknown, but logically demanded, underlying cause.

As we have often said, we cannot conceive of a purely functional disease, *i.e.*, one caused or accompanied by no change of structure, however slight or undiscoverable. Some abnormal molecular change must precede every abnormality of function. On the other hand, and just as logical, is the corollary that there cannot be a purely local disease, except such as are the *immediate* local effects of influences from without. Theoretically, this is proved by the universally-recognized existence of hereditary and acquired immunity, or its opposite, predisposition, and, practically, by the occurrence of diverse effects of identical causes in different individuals. Not every one inhaling the tubercle bacilli acquires tuberculosis, not every bruised breast develops cancer, not every chilled surface causes rheumatism, nor does every impure coitus even result in the acquisition of venereal disease. Back of all local manifestations lies a wider systemic or constitutional derangement which renders these manifestations possible, and the removal or modification of which can alone be the true object of therapeutic effort and the basis of permanent results from surgical interference.

We recognize the fact that in many cases the most obtrusive symptoms seem to have a purely local origin, as, for example, cases of septic infection; but anyone with extensive dispensary experience can recall cases where no septic infection has occurred, although all lines of treatment or neglect calculated to produce it had been sedulously employed before the patients were seen. In the hospital the most careful asepsis and antisepsis may often fail to save a patient's life or limb, while a similar case, guilty of all the sins of omission and commission possible as to precaution against sepsis, fails to succumb. The true cause lies back of the apparent cause. Statistics show that even the removal of the appendix does not in all cases prevent remote effects not dependent upon any failure of success in the original operation.

Surgery attacks most successfully the apparent local cause of symptoms, objective and subjective, but cannot reach the underlying remote cause, to do which should be the one endeavor of the therapist. Herein lies the danger referred to above. The whilom therapist,—the physician,—after the surgeon has removed the outward manifestation of some vice of constitution



which he has failed to modify or restrain, is too often, with his patient, lulled into a sense of false security, out of which he is ruthlessly aroused by a recurrence of the disease manifestations in the same locality or elsewhere. This false security, this disregard of the higher demands of a true therapeutics is already working to the detriment of the general practitioner, and a careful student of the signs of the times can detect in the literature of the day indications of a growing tendency to the mechanical treatment of diseases, not only in cases which require surgical assistance, but even in those which could never become subject to the knife.

This leads to a weakening of our efforts to discover means for the eradication of disease tendencies, and thus retards true therapeutic progress.

On the part of the surgeon even now we find an almost total disregard of constitutional treatment subsequent to operations, efforts being confined principally to warding off shock, promoting sleep and peristalsis, and stimulating the heart, by the physiological or mechanical action of drugs. This must, in our view, interfere with the ultimate success of many operations, and thus, in the long run, bring surgery into disrepute; indeed, the number of successful operations, accompanied by the death of the patients, has become the subject of remark among the laity, and no doubt contributes much to the widespread objection to operative interference found amongst a large portion of the public and many physicians.

To guard against these dangers we should endeavor to bring into prominence the truth as to the remote cause of disease, theoretically acknowledged by all, but practically lost sight of by many. Then will surgery be relegated to its proper position. We can then open up the whole domain of medical art to it, but to it as to the handmaiden of therapeutics, a red-cross athletic handmaiden, if you will, befitting the twentieth century, but yet a handmaiden. Then will our successes, both with and without her aid, be more numerous and more lasting.

## A FEW WORDS TO THE NEWLY-MADE DOCTOR.

THE present period of the year is marked by the addition to our ranks of a small army of newly-made doctors. They have heard much from valedictorians and others of the glories of progressive medicine. It may be as well also to call their attention briefly to some of the things which may for a time surprise and perhaps discourage them.

One of the first unpleasant things they will face upon entering the profession is the fact that there is still some tendency upon the part of the old school to make the path of the homœopath both rough and crooked. The latest attempt was manifested in the bill recently presented to the Legislature of this State, and known as the "Ray Bill." While it passed the House by a large majority, it was defeated in the Senate, for the reason that it was the work of a small "holier than thou" clique, considering itself to be a special dispensation of Providence to care for the medical profession in this part of the world. Fortunately, it was antagonized by the balance of the profession in this State. While the apparent object of this bill (and the real one with most) was the elevation of the plane of medical education, which we of Hahnemann College commend, and have always been foremost in developing, a most important object, and, perhaps, the only one in the minds of some, was to compel the homœopaths to practice exclusively according to the homœopathic principle. Think of it. Just imagine even the most ardent of homœopaths being forced, actually compelled, to practice homœopathy and homœopathy only.

He could not treat poisoning cases, practice obstetrics, give narcotics or stimulants, flush the kidneys with water, give laxatives or introduce suppositories, nor employ any of the favorite little prescriptions he employs upon special occasions. But to stop any shivers which may be running up the back of anyone, even at the thought of such a predicament, it can be stated that the bill would not have been, or will not be, if ever passed, retroactive, and would apply only to the poor lambs turned into the cold, cold world, upon these coming annual graduation occasions.

Do not estimate the old school, however, by this effort, but remember the positions taken by such men as Reed, of Cincinnati; Osler, of Baltimore; Wyeth, of New York; and other advanced workers who are doing so much to raise the mass of the profession from the low lands of bigotry and intolerance. Let us, as homœopaths, also cultivate breadth of view, and intelligent liberality of opinion, for the opposite is not found alone among the "regulars." Above all, let us avoid that narrow, mean spirit, which leads to unfavorable criticism of, and action toward, those who differ from us, and simply because they differ.

The writer has repeatedly in public addresses and papers prophesied that this would prove the trump-card of the old school in dealing with us along the line of antagonism. The last time in a paper read at the meeting of the American Institute of Homœopathy last year. No matter what any physician's views upon therapeutics, he should not agree to restriction of his liberty in prescribing. Even if it were positively demonstrated that homœopathy is based upon a law of nature, our knowledge of its application is too meagre to make it sufficient under all circumstances for the control of all cases of disease, consequently we must have every therapeutic auxiliary at our command. At least, one reason why Hahnemann Medical College of Philadelphia has easily held the first place among homœopathic colleges is because of the recognition of this fact, both theoretically and practically. One who has noted the verbiage employed by the President of Hahnemann Medical College of Philadelphia, in the conferring of its degrees, will remember that he first confers a degree of "doctor of medicine" without qualifying words, making its recipients "regular" physicians. Then the "especial," or supplementary degree of the college, making them doctors of homœopathic medicine. This is carrying out exactly the original intention of Dr. Hering, when he founded the Allentown school of therapeutics. Remember, graduates of this school, that your degrees make you eligible to the army and navy, or to any medical gift within the right of State or institution to confer, and that no other degree can rightfully confer upon you privileges you do not already enjoy.

*Another thing which will stare the new doctor in the face is the*



fact that there is a decided decline in the practice of general medicine. Talk with a dozen candid general practitioners and read the journal articles, especially those relating to abuse of dispensary service, and you will be able to corroborate this statement. There are many reasons for this. *First, there is overcrowding of the profession by incompetents.* This has been favored by good times, the development of mushroom-colleges giving short and imperfect courses and unable to furnish proper clinical advantages. Graduates of such schools have been unable to cope with the growing intelligence of the public upon questions relating to disease or with disease itself. The great need is not for more medical students, but a better education of the number we have.

*Another reason is easily found in sanitary progress.* In a recent conversation with a prominent doctor, of Camden, the writer was informed that since the introduction of pure water from driven wells into that city, two years since, typhoid fever had almost disappeared. Also, that the bowel troubles of children so prevalent in summer have been greatly reduced. The treatment of these complaints represents a very considerable percentage of the work done by general practitioners in cities, towns and hamlets. *Another reason for decline in general practice is the peculiar American mania for strange Gods.* No method of treatment advanced is so weak or so absurd that the some of the great, the learned and the mighty, will chain themselves to its car. The faith cure, Christian science, osteopathy and a variety of other methods, each of which contains a germ of truth, are magnified into systems of cure for all disorders and are practiced by persons rather ignorant than dishonest. It is not surprising that this is so, and the medical profession is largely responsible for it. Each method contains some truth which we as a profession have neglected, and, as a class, they suggest to us the importance of physiological, psychological and mechanical methods of treatment. They are in a sense, too, a natural protest against the altogether too prevalent habit of unnecessarily swallowing drugs. The homœopath is in a very considerable degree responsible for this. His remedies are "so mild" and "harmless" that they are administered with too great frequency and freedom and, unfortunately, the patient can seldom discrim-

inate between the harmless and the harmful. Thus, even if his remedies are unobjectionable, the doctor educates his clientele into the drug-habit. Let us accept the lesson and give more attention to hygiene, sanitation, and physiological and physical methods of treatment, and the avoidance of medicine when at all possible.

*Another thing which will "come home to" those who go into general practice is the fact that the family practitioner of former days seems to be rapidly disappearing.* There was a time when the doctor was not only the physician, but the friend, adviser, father-confessor, perhaps, of the family. Now he must keep his eyes peeled, or one member of the family goes to the oculist, another to the aurist, another to the neurologist, and others to the gynæcologist, the skilled internist, the proctologist, pædiatrist, surgeon, genito-urapist, cerebral-localist and umbilicist, and a few go to the blow-hard, the faith-curer, the osteopathist and some to the new doctor. The reasons for this, and the remedy, are as clear as day. Medicine is advancing by such leaps and bounds that only tireless industry, added to good ability, enables one to keep at all in the company of the great body of advanced general workers; and if we do not, we are left, and by our patients also. But with such an education as young men from our leading medical schools now enter practice with, there is no reason why they should not keep fairly abreast if they have the ambition to go earnestly to work at once and to keep at it. On this point, it may be said that it is absolutely essential that every practitioner should practice modern clinical methods with accuracy and keep up some laboratory-work. In regard to the latter, it may be said that a microscope, a little apparatus, a few stains and reagents, with plenty of earnestness, will keep one in touch with the best workers, and, also, keep our patients.

*Another surprise in store for you will come when you learn that the medicine of the schools is only partially the medicine of practice.* You will learn there is much more necessary to the study of disease than the laboratory. That clinical pictures of a disease are legion, and that the good, old, neglected art of observation and reasoning upon your observations is necessary to a proper investigation and understanding of disease. Doctors cannot be made in the laboratories and didactic rooms. Clinical study

must form the keystone to the arch, of which didactic lectures and the laboratories are the base-stones.

Perhaps all this has something of a pessimistic sound. But the writer does not intend it so, for he is an optimist by nature and upon principle, and finds it difficult to dwell long in the valley of despair. So, in closing, he turns from the darker picture to the brighter one of professional proficiency, good-fellowship and, in its higher ranks, a united profession pushing on with higher aims to greater accomplishments. He believes in the high destiny of the medical profession. That it stands for all that is known of man anatomically, physiologically, psychologically and pathologically, and is, therefore, best able to care for him therapeutically. That the numerous systems and methods of treatment arising, from time to time, contain but little truth which endures and much error which gradually disappears.

W. C. G.

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#### THE AMERICAN MEDICAL ASSOCIATION'S NEW CODE OF ETHICS.

THE American Medical Association at its recent meeting revised its code of medical ethics. In future, the word "code" will be eliminated from this important document, and "principles" substituted therefor. Quite naturally, we were interested as to the attitude of the "new principles" towards the homœopathic school, in view of the fact that physicians who have retained their membership in homœopathic organizations have been admitted to fellowship and good-standing in the American Medical Association. We must confess, after a careful perusal of the "principles," that we see no positive liberality; the liberality lies in what it does not say. *American Medicine*, speaking editorially of the new code, says: "The basic principle of local government is accepted in full, and here, at least by implication, the finger is struck upon the ailing point of our ethical disease in the statement, that the local society should consider as eligible to membership 'any physician recognized as such by law and possessing a good personal and professional character, whatever may be his individual views on any question connected with the science of medicine.' To that position the matter must finally be brought. The



sooner the better. There is absolutely no other capable of being put in words which will bear the attack of just criticism. . . . There is no logical ground for not applying for membership by sectarians, because one may privately believe in certain special doctrines of allopathy, homœopathy eclecticism, or of any other method of cure."

Now, with the editor of *American Medicine*, we proclaim our hope that the day will not long be distant when all educated physicians will be banded together to determine the truth concerning all matters medical without prejudice; that each should rejoice of being purged of an error as he is pleased at arriving at the truth.

The new code, however, does not impress itself upon us as a distinct advance. It is true that the standing of homœopathists is left with the local societies. But one must remember that there are very many bigoted local societies in this country. There are, also, some very bigoted hospitals and hospital physicians. For example, it is but recently that a trustee (a homœopathist) of one of our local old school institutions wished to have his son admitted to a private room in the hospital, and to have a surgeon with homœopathic affiliations operate. The case was refused admittance.

It would have been better if the association had expressed itself in a positive manner and brought the "Rip-Van-Winkle" element under control.

As matters stand, the new code is but a compromise.

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#### DEAN THOMAS.

THE Alumni of the Hahnemann Medical College of Philadelphia will, no doubt, be pleased to learn that the Faculty have unanimously elected Prof. Charles M. Thomas as Dean of the Institution. If we can judge from expressions heard on every side and from numerous letters received, the selection of Dr. Thomas has met with universal satisfaction among the profession generally, as well as among the laity.

The Alumni of Hahnemann, who have followed Dr. Thomas's career, will agree with us that the choice has been a wise as

well as a happy one. In the name we recognize the son of Hahnemann's "Grand Old Man," who, more than anyone, brought the college to its front rank and established a hospital which is one of Philadelphia's foremost charities. Dr. Thomas has to a marked degree inherited his father's executive ability, his kindly heart, his judicial mind, his honesty of purpose and his indomitable perseverance, and if, as has been stated in the local lay press, Hahnemann College has retrograded, no one is better fitted to restore its prestige.

Dr. Thomas was graduated from Hahnemann in 1871, and from 1877 until 1891 all the Alumni will recall his forceful teachings in surgery and his brilliant operative work, which commanded the respect even of those inimically inclined. No one can appreciate this better than those of us who have since practiced or taught this art and science. Equally instructive and brilliant has been his work in the eye and ear, to which he has restricted himself since he gave up the arduous work of general surgery, and he has brought up around him a circle of experts in these specialties who are a credit to any teacher.

It is with sincere pleasure that the HAHNEMANNIAN congratulates the Faculty of Hahnemann Medical College on their selection, and offers to the new Dean the "glad hand" and "God-speed."

#### CONCERNING SMALL MEDICAL MEN.

THE newspapers reported quite recently that about forty physicians of New York City were to be indicted for obtaining antitoxin free from the local health authorities under false representations. It seems that the New York Board of Health, desirous that the poor shall not suffer because of their inability to pay for the diphtheria antitoxin, makes it a rule to furnish that remedy free to physicians for use on their indigent patients. It appears that this charitable intent has been abused by certain men—we presume they call themselves such—who, obtaining the antitoxin free, have charged the patient five dollars per bottle for the same.

Words fail us in our efforts to speak our feelings of contempt of the bipeds who have stooped to such smallness.

Certainly, their names should be spread broadcast so that the contempt of all men should be visited upon them. Certainly, they are not fit to associate with the lowest of animal creation.

The same news item refers to the fact that the best antitoxin may be purchased at three dollars per bottle. Inferentially, then, it would seem that the Board of Health antitoxin is not the best. We trust that this expression is the result of careless verbiage on the part of the reporter.

A FEW OBSERVATIONS AND REFLECTIONS.—In a unique little talk before the Hahnemann Club, of Philadelphia, quite recently, that veteran practitioner, Dr. Pemberton Dudley, gave his listeners some practical observations that are, we think, worthy of a wider hearing. We, therefore, have taken the liberty of quoting a few of them for the benefit of our "Retrospect" readers. Dr. Dudley observed that, in the fevers so frequently accompanying the dentition period of infant life, the high temperature is not always equably disposed over the integumentary surface. Even on different portions of the cranial region there may be varying temperatures. He has long considered this phenomenon a good indication for aconite. It is well known that this remedy has cold feet or cold ankles; and we should not lose sight of this pathogenetic symptom as "hinting" towards aconite in other cases in which high-surface temperature is broken by areas of lower temperatures here and there.

The doctor also observed that, in the hyperæmic stage of pneumonia, there are, in almost all cases, some pronounced indications pointing towards belladonna as a remedy of value. We are generally inclined to select bryonia, or some other drug, neglecting belladonna. Old Prof. Brooks used to tell his students that the time to assure the safety of a case of pneumonia is in its first stage. Our principal effort at that time should be to limit the lesion within as narrow bounds as may be possible. Besides the appropriate remedy, Dr. Brooks urged the equalization of temperature over the entire bodily surface by the local use of artificial heat.

Dr. Dudley remarked that he had observed that the most grave cases of pneumonia are quite frequently preceded by some hours of most distressing headache. One winter, in nearly a dozen cases, this phenomenon was marked. One case of this series presented an equally severe gastralgia, which lasted for three days prior to the perceptible lung invasion.

An interesting fact was brought out in relation to *actea racemosa*. It had been his frequent observation that when an acute inflammatory rheumatism shows a tendency to drift into the lingering or sub-acute form, and especially if the pains are limited to those regions "below the waist," the *cimicifuga* will make a decided impression in the majority of instances, whether the heart be affected or not.

The speaker also remarked that, in his experience, cases of cholera morbus, accompanied by cramps in the lower extremities, without much collapse, yielded more quickly to *nux vomica* than to either *veratrum*, *ars.*, *cuprum* or any other drug. In such cases we should avail ourselves of the prompt assistance of the hot-mustard foot-bath.



## GLEANNINGS.

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PRIMARY ABDOMINAL PREGNANCY ON THE OMENTUM.—(Witthauer.)—Mrs. B., 23 years old, always well up to the time of her marriage; menstruated at 14, always regular, some pain the day before, which occasionally made it necessary for her to go to bed. Menstruation lasted five days and moderately profuse. In 1899 she was in labor for the first time at the eighth month. She had pains for four days, and the child died six days after delivery. The puerperal period was normal up to the tenth day, when she bled profusely for two days. The bleeding ceased after removal of portions of the placenta. Menstruation recurred in six weeks, and was regular up to the next pregnancy, during which she had often pain in the abdomen, and was again delivered prematurely at the eighth month, in December, 1900. The pains were at first weak, but became stronger. When the midwife was sent for she scarcely had reached the house when delivery took place. The child lived and the puerperal period was normal. Menstruation again recurred in six weeks, and the patient's condition continued good until October, 1901. Menstruation then ceased. The patient felt nauseated and complained of abdominal pains. She had some hæmorrhages towards the end of December, which she supposed was menstruation. The blood was black and stringy, but contained no membranes. On the night of January 1st she had severe pain, and hæmorrhage the next day. She was taken to the hospital on the 13th day of January. She was a small, slight-built, very anæmic woman, and she complained of pain in the right side of the abdomen. Both the thoracic and abdominal organs were normal. Bimanual examination showed, in the cul-de-sac of Douglas and to the right, a small-round tumor. The uterus was somewhat enlarged and the right adnexa were sensitive. The diagnosis was made of tubal abortion. Strict rest was ordered, and ichthyol tampons in the vagina, and the husband was told that an operation might be necessary at any time. At noon the next day the patient suddenly collapsed and became pale; the abdomen distended and the resistance increased in the cul-de-sac of Douglas. A subcutaneous infusion of salt-solution was quickly given and laparotomy performed. About a litre and one-half of dark fluid and clotted blood escaped through the opening in the abdomen. A strand of omentum extended across the right side of the abdomen and was pushed to one side to reach the adnexa quickly. An ovarian cyst the size of a hen's egg was then felt and removed, together with the intact unaltered tube. The left adnexa were normal, the uterus was not markedly enlarged. In the pelvis and the rest of the abdominal cavity no cause for the bleeding could be found. At the tip of the omentum, at the right side of the pelvis, a hæmatoma about the size of a finger was found. This was ligated and removed. The opening in the abdominal cavity was washed with a warm sterile-solution and closed in the usual manner. The patient

made a good recovery. On the 23d of the following June she reported herself seven weeks pregnant, and at last notice was six months along, doing her own work and feeling well.

Microscopic examination showed that the ovarian tumor was an ordinary cyst, and that the tube was perfectly healthy, patulous throughout, and showed no sign of pregnancy. The hæmatoma removed from the omentum was subjected to a most careful microscopic examination, and vili or the chorion showed plainly.—*Centralblatt für Gynakologie*, January 31, 1903.

DELIVERY OF A LIVING CHILD BY CÆSAREAN SECTION NINETEEN MINUTES AFTER THE DEATH OF THE MOTHER FROM SPONTANEOUS RUPTURE OF THE AORTA.—(Weisswange.)—The patient was a primipara, 30 years of age, who expected to be confined in two weeks. The pregnancy had been perfectly normal. She had spent the evening with some friends, and afterwards was attacked by a severe pain in the region of the heart and dyspnœa. Her husband, thinking labor had begun, sent at once for the midwife, who immediately called a neighboring physician. He reached the house as she was breathing her last. The foetal heart-sounds were distinct, and he sent for me in haste. This was a quarter before three, and the clock struck three as I opened the door. It required at least four minutes before the writer was able to deliver the child and tie the cord. The child was asphyxiated by the entangled cord, and there was in this case at least nineteen minutes from the death of the mother to the delivery of the child. The post-mortem showed a spontaneous rupture of the heart and the aorta adjoining the heart. No cause was found for the rupture. Cæsarean section on the dead to rescue a living child is an old rule of practice.

It is said that Apollo, father of Æsculapius, cut him out of the abdomen of Coronis, killed by Artemis, and the *lex regia*, ascribed to Numa Pompilius, forbade the burial of a deceased pregnant woman without the performance of Cæsarean section. Unfortunately, Cæsarean section post-mortem is seldom successful. In 331 operations in the past century, only 6 or 7 resulted successfully for the child. In German literature, Pingler has published 1 case in which a living child was obtained after the positive death of the mother; and, recently, Jungeboldt obtained a living child by Cæsarean section seventeen minutes after the death of the mother. The circumstances attending the case must be favorable to obtain a successful result.—*Centralblatt für Gynakologie*, March 7, 1903.

George R. Southwick, M.D.

INTRA-UTERINE INJECTIONS.—(Bukojemski.)—In a dispensary of the City Hospital at Odessa, 3163 intra-uterine injections were made in 128 women. He used a Braun syringe and a solution of tincture of iodine and alcohol 25 gms. and alumnol 2.5 gms. The injections were made daily, or three times a week. The vagina was tamponed afterwards, and the patient rested fifteen minutes. Not less than 40 or 50 injections were performed on one and the same patient. The writer is of the opinion, first, that intra-uterine injections are not injurious, and in some diseases of women give good results. A temporary menopause occurs as the result, if the intra-uterine injections are given daily for thirty or thirty-five days. The best results were obtained in recent acute cases, such as gonorrhœa and endometritis, and by it severe complications, such as are usual in the ordinary antiphlogistic treat-

ment, were affected. This treatment in chronic tumors of the adnexa makes removal of them unnecessary. In most cases this method is a specific for acute gonorrhœa and endometritis. These uterine injections are also very effectual for the treatment of hæmorrhages from small fibroid tumors of the uterus.—*Centralblatt für Gynakologie*, No. 45, 1902.

George R. Southwick, M.D.

A CASE OF PUERPERAL SEPTICÆMIA IN CONSEQUENCE OF BILATERAL PYOSALPINX.—(Jardin.)—A young woman, 20 years old, was delivered by forceps, on account of delayed labor. Signs of septic peritonitis appeared on the third day. At the same time the severe diarrhœa gave rise to the suspicion of typhoid. The woman died the ninth day after delivery, before positive diagnosis could be made. The autopsy showed purulent peritonitis and bilateral pyosalpinx, with a patulous opening of the tube. The tubal cysts did not appear to be of recent date.

The case shows that not every case of infection comes from without. Laparotomy would have been performed had there been no suspicions of typhoid.—*Centralblatt für Gynakologie*, No. 36, 1902.

George R. Southwick, M.D.

THE RELATION BETWEEN UTERINE AND GASTRIC DISEASES.—(Edön.)—The writer expresses the opinion that :

1. Uterine and gastric troubles may be in close reciprocal relation.
2. In making a diagnosis of reciprocal action, merely coincident affections of these organs must be strictly excluded.
3. The first medium of reciprocal action is the nerve-path, the centre of which for the genital is to be sought, not in the brain or spinal cord, but in the sympathetic system. The ventral centre of this is the solar ganglion, by means of which the uterus, through the inferior hypogastric plexus, is brought into reflex association with the anterior and posterior gastric plexuses. The reflex-paths are called spermatic, pudendo-hæmorrhoidal, cutaneo-cavernous, utero-celiac and utero-spinal anastomoses.

The more direct reflex-paths are direct connections of the vagus with the sympathetic nerve-system without entering the solar plexus, especially with the utero-vaginal plexus and with the para-uterine ganglia which are connected with this (genito-crural anastomosis).

4. The other mode of origin of reciprocal action must be sought in changes of the common statical relations of both organs.

5. Dislocations of the stomach cause uterine displacement through reciprocal action of the statical mechanical forces (secondary uterine trouble); whereas, primary displacements of the uterus produce secondary gastroneurosis or actual gastric disease, the reciprocal action in these cases being brought about through nerve-reflexes.

6. The blood-path plays a rôle of only tertiary rank in regard to this reciprocal action.—*American Journal of Obstetrics and Diseases of Women and Children*, March, 1903.

George R. Southwick, M.D.

PROTARGOL IN EYE DISEASES.—Dr. Ruppel, of Stuttgart, is of the opinion that the varying results from the use of protargol depends on the method in which it is prepared for use from the powder. For example, if it be warmed, it undergoes partial decomposition and acts as an irritant; the same thing



may occur if it stand for some time exposed to the light. Hence, it is best kept in tablets of 0.25, when any strength of solution may be prepared by crushing the tablets with a glass- or horn-spatula; metallic instruments should be avoided. It quickly dissolves in water. In eight hundred cases where used it acted best in incipient affections of the conjunctiva, with profuse secretion. In dacryocystitis, simple massage, after instillation of 10 to 20 per cent. solutions of protargol, yielded very satisfactory results. In blennorrhœa neonatorum it gave good results, together with irrigations of bichloride, except where a caustic action was desired. Compared with the nitrate, it acts more deeply and is less irritating. A 10-per-cent. solution of protargol fully takes the place of the very irritating 2 per-cent. solution of the nitrate of silver.—*Die Ophthalmologische Klinik*, VI. Jhg., No. 17.

Dr. Veverka, of Prague, investigated the prophylactic action of 20-per-cent. solutions of protargol, in Prof. Rubeska's clinic, as a prophylactic. Out of eleven hundred new-born children, only four were affected with blennorrhœa, and then only on the fifth day, so that he regarded them as cases of late infection. Formerly, with Crédé's procedure, the percentage affected was 2 per cent., and now it is practically zero. The reaction of the conjunctiva is really insignificant, so that one may instil the solution several times a day. No neutralization with salt water is necessary. Not only prophylactically, but also therapeutically, protargol is a very efficient remedy, as the four cases of blennorrhœa demonstrated. In none of them did the slightest corneal changes occur.—*Die Heilkunde*, VII. Jhg., Hft. 1.

Frank H. Pritchard, M.D.

A NEW REAGENT TO DETECT BILE IN THE URINE.—Dr. Baudouin, of Paris, first mentions the difficulty of testing for bile in the urine. If it contain albumin, the green color of Gmelin's reagent is easily concealed by the opaque ring at the point of contact, and the reaction becomes indistinct. If it contain indican, on the other hand, a combination of the yellow color of the urine, with the blue ring at the line of contact, will yield a greenish mixture which might simulate bile.

He thinks, in fuchsin, to have found a good reagent for bile. He proceeds as follows: The urine is filtered and a test-tube filled half-full of urine; a control-tube is filled to the same height with distilled water. Two drops of a solution of fuchsin, 1.0 : 200.0 water, are added to each tube. If the urine contain bile, it changes to an orange-yellow color, which is easily distinguished from the reddish-violet fluid in the controlling test-tube. If the urine be dense, employ only 2 or 3 c.cm., and dilute it with water until its color is about that of normal urine. He has tried this test in a number of diseases where no bile was suspected, and it gave no positive reaction. Bilirubin, which is a weak acid, present in the urine as an alkaline combination with sodium or lime, unites with fuchsin as the hydrochlorate of rosanilin, the bilirubinate, of an orange color. When the reaction does not take place in urine with other coloring matters, as urobilin, hydrobilirubin and indican, it is because these are not acid in reaction, so that the chemical combination cannot take place.—*La Semaine Médicale*, No. 43, 1903.

Dr. Gerlach, of Poltawa, in order to detect small quantities of bile-pigment in the urine, advises one to allow the urine to stand for a few hours in a wine-glass. The cells, bacteria, etc., then assume the same rôle as the filtrate in the Rosenbach-Gmelin test. The urine is then centrifuged, the precipitate

put under a microscope, and from the edge of the cover-glass Gmelin's mixture of nitric acid is allowed to penetrate into the specimen. The yellowish-colored cells then undergo the characteristic play of colors.—*Therapeutische Monatshefte*, No. 1, 1903.

Frank H. Pritchard, M.D.

**POISONING FROM ASPIRIN.**—Dr. Hirschberg, of Berlin, gave a gram of aspirin, a substitute for the salicylate of soda, to a patient with a neuralgia of the leg. In the course of a few hours his eyelids were so swollen that his eyes were hardly to be seen, his lower lip was puffed up, the mucous membrane oedematous and injected, and his face had the appearance of a mask. His nose was wholly stopped up, and a great deal of mucus flowed into the naso-pharynx, which could, with difficulty, be expectorated. His lower lip, back of his neck and over the right patella, the skin was of a scarlet-red color and swollen. The uvula and the soft palate were of the same color. His mind was clear, but he was quite excited. The symptoms disappeared in a few days.—*Deutsche Medicinische Wochenschrift*, No. 23, 1903.

Frank H. Pritchard, M.D.

**THE CLINICAL SIGNIFICANCE OF ABSENT ACHILLES REFLEX.**—Dr. Edwin Bramwell has examined over 1000 persons, both ill and well, to determine the importance of lacking reflex of the achilles tendon. It is best elicited by having the patient kneel on a chair, with the feet projecting a few inches over the edge. The leg muscles must be wholly relaxed. He examined: (1) 50 children, without any nervous disease, at a children's hospital; (2) 219 school children, 8 to 15 years old, amongst them 111 deaf-and-dumb ones; (3) 100 convalescents from various febrile diseases; (4) 80 medical students; (5) 230 individuals over 40 years of age; (6) 100 insane patients; (7) 100 hospital patients; (8) 100 cases in a hospital suffering from a variety of medical diseases; (9) 100 cases of nervous diseases (except tabes); (10) 30 cases of tabes. The results were: The achilles reflex is present in "well" persons under 50 years of age; if absent before 50, with lacking knee-jerk, it denotes organic disease of the nervous-system. In persons above 50 years, it decreases in intensity with age, so that it has not the same diagnostic value as in younger persons. In most cases where it is absent, as in tabes and peripheral neuritis, the knee-jerk is also wanting. In tabes, this reflex usually disappears before the patellar reflex. Therefore, it should be looked for in suspected cases, where the knee-reflex still persists. As Babinski has shown in sciatica, the achilles reflex disappears on the affected side, proving that we then have to do with a real neuritis as contradistinguished from a hysteric sciatica. Even years after a sciatica has disappeared, this reflex may be absent. One may meet with cases of polyneuritis where the achilles reflex is absent, while the knee-jerk is present. It is probable that this reflex may be wanting on account of syphilis, for Argyll-Robertson's pupil is, at times, a sign of syphilitic disease, without any other sign of tabes or general paresis. The achilles reflex may finally be of value in localizing disease of the cord or nerve-roots. *Hospital-Student*, No. 12, 1903.

Frank H. Pritchard, M.D.

**DEATH IN A HÆMOPHILIAC CHILD AFTER REMOVAL OF THE TONSILS AND ADENOIDS.**—Dr. Steward reports a case of a child whose tonsils and adenoids were removed. The child bled profusely, but only for a short time. This was followed by a profuse, infiltrating hæmorrhage into the muscles of

the back of the neck and the submucous tissues of the pharynx and larynx. The child died, and although no history of hæmophilia could be learned, yet such a condition was assumed to be at the bottom of this unfortunate ending of the case.—*Berliner Klinische Wochenschrift*, No. 7, 1903. (In such cases try calcium chloride and gelatine, internally or hypodermatically.)

Frank H. Pritchard, M.D.

**TWO PECULIAR CASES OF DISTURBANCE OF PREGNANCY WITH ALBUMINURIA.**—Dr. Albarel reports two cases of uræmia complicating pregnancy. In the first, after a spontaneous miscarriage at the fifth month, on the evening of the third day after she had gotten up, she had a typical attack of eclampsia. The spasms ceased after a few hours, to be followed by a total, left-sided hæmiplegia. Death occurred forty-eight hours later in coma. The peculiarities of this case are the appearance of the eclampsia at the fifth month, early- and after-emptying of the uterus, and, finally, the hæmiplegia. (There must have been previous serious kidney-disease.) In the second case, in the tenth month of pregnancy in a woman whose urine was loaded with albumen, paresis of the right side and aphasia appeared. The next day she aborted. There were no eclamptic spasms. She was given milk-diet, and both the albuminuria and the brain-symptoms improved. A month later the nephritis became worse, in consequence of "cold," which led to uræmia, and in four days she died. The writer is a believer in the theory of auto-intoxication in eclampsia. Serious brain-symptoms, he asserts, may not only be due to local œdema of the brain, but also to extensive hæmorrhages.—*Berliner Klinische Wochenschrift*, No. 7, 1903.

Frank H. Pritchard, M.D.

**AN ANALYSIS OF 156 CASES OF GASTRIC ULCER (WITH SPECIAL REFERENCE TO THE FREQUENCY AND FATALITY OF HÆMORRHAGE IN GASTRIC ULCER).**—In the majority of cases (132) hæmatemesis occurred, and in some it was prolonged and repeated, and in 2 cases did the hæmorrhage prove fatal during the time the patient was under observation, and in 1 of these cases death was due to asthenia 140 days after the last hæmorrhage.

*Etiology.*—By far, the vast majority were females (143 cases), the greatest number occurring in early adult life.

*Symptoms.*—Pain, epigastric tenderness, vomiting, hæmatemesis, digestive disturbances, bowel disturbances, nutritional.

Pain was present in 143 cases; as a rule, no definite period between taking of food and the onset of symptoms, the time being anywhere from immediately after till three hours. Epigastric tenderness was observed in majority of cases. Vomiting was present in many of the cases, although in 25 cases it is not specifically mentioned. Hæmatemesis in the greater number of cases was of the "coffee-ground" character, but in 70 cases it was either bright-red or dark, and clotted. The patients passed, at times, large quantities of blood in the stools, in 27 cases. Digestive disturbances, such as flatulence, heartburn or acid eructations, bad taste in mouth, were also observed. Thirst was not complained of greatly, and disturbance in appetite. The bowels were generally constipated. Anæmia and malnutrition were the constitutional conditions most generally observed. Mortality, 6.2 per cent. There was also a relapse in quite a number of cases.

*Clinical Studies* (A *Quarterly Journal of Clinical Medicine*), by Byrom Bramwell, vol. i., Part III., April 1, 1903.

William F. Baker, A.M., M.D.



CHLORETONE IN SEA-SICKNESS.—I. W. Fawcitt confirms the good results of chloretone by Wheeler (*Lancet*, February 28th), having tried it upon himself and upon a number of other persons with equally good results. Before leaving the wharf he took one 5-gr. capsule, and two additional capsules on retiring. He felt no bad effects from the voyage and ate heartily. Good results were also obtained when the capsules were given after sea-sickness had already set in.—*Lancet*, March 7, 1903.

Bernard E. Bigler, M.D.

SPINAL CONCUSSION, SO-CALLED.—(Black.)—Reviewing the dictionary definitions of the term "spinal concussion," he says, there is nothing in our best dictionaries to support the word "concussion," and concludes that the condition would be better understood if the use of the term "concussion" were confined to method in which the injury were received, instead of permitting it to explain a condition.

As to the pathology of the condition the writer believes it to be a minute or capillary hæmorrhage.

Given such a case, and the first symptom to be looked for is shock. This condition may best be described as by Ciele under the term "surgical shock." He says, "immediate depression or death from injuries or operations was due to one or more of the following factors: 1, Cardiac; 2, respiratory; 3, hæmorrhagic; 4, vasomotor. The depression and death are due to a vasomotor impairment, or break-down."

As to the effects of concussion they can be classified:

1. Primary effects: (a) sprains; (b) contusion of cord; (c) minute hæmorrhages into and around the cord.
2. Secondary effects: (a) shock or collapse; (b) acute hysteria; (c) neurasthenia; (d) chronic hysteria.

In summing up his paper, the writer says, "It is certainly the duty of every surgeon to protect himself, as well as any corporation he may represent, and the best interest of his patient, by distinguishing, if possible, between the purely psychical, secondarily psychical, and the truly pathological condition."—*The Medical News*, March 28, 1903.

William F. Baker, A.M., M.D.

EFFECT OF IRON AND ARSENIC IN THE RECUPERATION OF BLOOD AFTER HÆMORRHAGE.—(Bauman.)—In these researches, a quarter of the total blood in the bodies of several dogs was withdrawn and examined as to specific gravity, rate of coagulation, number of red cells, number and varieties of white cells, and quantity of water, solids, ash, proteids and hæmoglobin. Part of these animals were given inorganic iron in the Bland pill, 15 grs., 3 times a day. Others were given organic iron (a solution of the albuminate of iron). Still others were given arsenic, and in two cases iron and arsenic were given together. In four of the animals no drug was given at all.

In one week's time a re-examination of the blood was made, and the blood in which no drug was introduced was used as a standard of measure. When iron in an inorganic form was given, the deterioration produced by the loss of blood was considerably lessened and hæmoglobin increased. With albuminate the results were less striking. Arsenic alone produced little effect, while arsenic and iron combined were found to give the best results, both as to the number of corpuscles and solids, while the proportion of hæmoglobin was a little less than normal.—*Journal of Physiology*, February, 1903.

William F. Baker, A.M., M.D.

**RESPIRATORY EXERCISES IN FUNCTIONAL NERVOUS DISORDERS.**—I. W. McConnell, during the past ten years, has employed respiratory exercises in the treatment of functional nervous troubles. The results have been quite gratifying. They have been useful in palsies of cerebral origin and in hysterical tremors, but failures occurred in almost every disease in which the respiratory exercises were made use of; the organic diseases of the spinal cord and paralysis agitans were not benefited in any way. He claims that, in the majority of cases of neurasthenia and tremor, the patients cannot properly use their respiratory apparatus. One of the simplest exercises is to have the patient stand upright in a well-ventilated room, placing the hands upon the hips, then he is instructed to take a long, deep inspiration and a slow expiration, beginning at the lower part of the chest and filling upward; this should be repeated a few times daily. The rhythm of breathing he varies as follows: 1, Slow and long inspiration and expiration; 2, short inspiration and long expiration; 3, long inspiration and short expiration; 4, short inspiration and expiration. The breathing should always be through the nose. As simple exercises as possible should be combined with the respiratory movements; a pair of half-pound dumb-bells or a light pulley-machine can be used in conjunction with the exercises. The greatest danger is in over-exercising.—*Univ. of Penna. Med. Bulletin*, March 19, 1903.

Bernard E. Bigler, M.D.

**THE PROGNOSTIC VALUE OF TUBERCLE BACILLI IN SPUTUM.**—L. Brown claims that pulmonary tuberculosis has no characteristic sputum. The quantity may vary from practically nothing to 1000 c.c. in twenty-four hours. The presence or absence of sputum is no better sign of the absence of tuberculosis than is the presence or absence of cough. The sputum may be abundant mucoid, or more or less frothy, and often contain no tubercle bacilli, and yet mark the onset of miliary tuberculosis. In the fibroid variety there may be little or no expectoration and no tubercle bacilli for a long time. If tubercle bacilli be found in a single specimen of sputum, this establishes the diagnosis, but if more be found upon one examination little importance should be attached to it. At least four or five specimens should be examined. If the number of bacilli decrease at each examination (which should be made, at least, every six weeks), it may show an improvement, but the local signs and constitutional symptoms give us the most accurate information. If large quantities of tubercle bacilli are found, there is strong evidence that the stage of cavity formation has been reached. The short bacilli are suggestive of a more active process. If they are in groups, the disease is often severe.—*Journal of Amer. Med. Assoc.*, February 21, 1903.

Bernard E. Bigler, M.D.

**OSTEOSARCOMATA OF THE LONG BONES NEAR JOINTS, WITH SYMPTOMS OF ACUTE OR SUBACUTE SYNOVITIS.**—Dr. Vilhelm Schaldemose, of Copenhagen, Denmark, has met with an interesting series of cases of osteosarcomata of the long bones where there would be, at first, merely a set of symptoms closely resembling an acute or a subacute synovitis, with great swelling of the capsule, such as is often seen in gonorrhœal arthritis. At the same time no signs nor symptoms would be detected which would arouse one's suspicions of a sarcoma. Hence, a diagnosis of synovitis would be made. In one case the diagnosis was seemingly strengthened by finding gonococci in the urethral secretion. The usual findings on opening such a joint as a thickened capsule

and scanty exudate rather seemed to confirm the diagnosis, yet no gonococci could be found in the synovial fluid. At all events, the changes appeared to be inflammatory. Some cases seem to be ameliorated by rest and immobilization. Therefore, a diagnosis cannot be made until definite symptoms of sarcoma supervene. In one case, though the drainage-tubes were removed at the first dressing, a quite profuse hæmorrhage at the second dressing poured out of the wound. Such a hæmorrhage is characteristic of malignant tumors and is quite exceptional in inflammatory states. An exploratory operation was done to determine whether an osteosarcoma was behind it, and, though the osseous changes were quite considerable, yet it was impossible to feel them through the tissues. In one case an apparent improvement followed the operation, which was, however, of short duration, to be succeeded by increased pains, fever and an exceeding and rapid increase in size of the growth. These signs, with the colossal size of the tumor, should have led to a correct diagnosis, yet the detection of a few drops of fluid full of microbes—probably due to an unclean syringe—led to a diagnosis of an osteitis. At a second operation, an affected spot was found in the external condyle of the femur, which was thought to be due to an osteitis, but, later, an osteosarcoma was made out, on account of the appearance of the wound and the extension of the disease beyond the limits of the knee.—*Hospitalstidende*, No. 5, 1903. (The wonderful results obtained with the Roentgen rays ought to lead to their trial in such cases, though I have not observed any account of its being used in osteosarcomata.)

Frank H. Pritchard, M.D.

FINGER-NAIL AFFECTIONS.—(Seviseur.)—An affection which the author has seen in adults is described as consisting of minute, round, shallow holes of the size of a very small pinhead, arranged in concentric lines. The entire surface of the nail-plate is covered by them. It is usually found in association with seborrhœa eczema and pruritus ani and scroti. It attacks the nail-bed primarily, starting from the region of the lunula and quickly spreads over the nail. It has been also observed with psoriasis. In four cases a cure resulted from the use of 1 per cent. solution of permanganate of potash. The fingers are bathed ten minutes at a time, twice daily.

Another interesting condition is noted of eczema of several nails when suddenly an onychia developed, followed by an erysipelatous rash spreading over hands and feet. Finally, blebs of the size of a quarter of a dollar began to form and contained turbid serum. The nails on one hand were shed and two on the other. During the attack, two daughters, while attending the mother, developed an onychia. This case serves to illustrate the possibility of a streptococcic infection from a chronic eczema. Workers in arsenic suffer from deep ulcerations, particularly in the lunula and on the sides of the free edges.

Care should be taken not to apply strong caustics, or use a sharp spoon, for the destruction of even a very slight part of the matrix results in a distorted nail.

Small, deep, linear cuts or contusions of the nail-bed make more trouble than large, flat, superficial injuries.—*Journal of Cutaneous and Genito-Urinary Diseases*, Nov., 1902.

William F. Baker, A.M., M.D.

THE CLINICAL VALUE OF BLOOD-PRESSURE DETERMINED AS A GUIDE TO STIMULATION IN SICK CHILDREN.—Cook describes the principle of the



instrument used in these observations as a continuous system of air, so arranged that equal pressure can be transmitted from a rubber-belt, held by the operator, to a band placed around an arm and connecting with a mercury manometer. In this way the pressure can be increased throughout, the air-system raising the mercury column.

The cases stimulated included marasmus, pneumonia, pertussis, tuberculosis and summer diarrhœa. The writer further brings out that it is not meant that blood-pressure indications should take the place of other guides, or that they should be the only signs or indications for the modification of the treatment, but that blood-pressure signs are a valuable guide, and an accurate determination of the arterial tension is an additional factor in the treatment. A certain blood-pressure reading is no indication of a patient's condition, but the writer believes that blood-pressure, accurately taken, forms a basis for stimulant therapeutics.—*Archives of Pediatrics*, March, 1903.

William F. Baker, A.M., M.D.

IS THE GALL-BLADDER AS USELESS AS IT IS DANGEROUS?—(Hutchinson.)—In a well-written article the question is thoroughly discussed, and the writer sums up as follows:

(a) The gall-bladder is a nearly functionless organ, inadequate in size to act as a reservoir of any value for the bile, inadequate in muscular power and in mechanical power to exercise any important effect on the pressure of the bile-flow.

(b) It is entirely absent in many species without interfering with the process of digestion or vital functions.

(c) It can be removed from a species in which it is normally found without noticeable injury.

(d) It is chiefly noted as a settling-basin for the formation of gallstones.

(e) It is a suitable harbor for the multiplication of pathogenic bacteria and the assumption of pathogenic properties by the non-pathogenic bacteria.

(f) In short, it seems a source of danger at least double any possibilities of usefulness it may possess.—*Medical Record*, May 16, 1903.

William F. Baker, A.M., M.D.

THE SYMPTOMS AND DIAGNOSIS OF STONE IN THE KIDNEY.—(Lucas.)—The symptoms suggesting this condition must be unilateral, and are apt to be worse at night and increased by motion. The pain may be gnawing or aching in character, situated in the loin and radiating and extending into the loin. This reflection of the pain is along the course of the last dorsal nerve. The severity of the pain depends largely on the location of the stone. If the stone be in the pelvis, then the pain becomes agonizing. The more movable a stone is, the more pain will it cause. The smallest amount of pain is met with in cases where the stone lies in the substance of the kidney. Composition of the stone is also a factor in the severity of the pain, oxalate of lime causing the most suffering and those of uric acid the least.

*Diagnosis.*—The author recommends stamping of the foot on the supposed affected side, and if a stone be present, a sudden acute pain is caused. Hæmaturia alone is of little value, except where the blood collects in the ureters, giving a characteristic mouse-tailed clot. Hæmaturia may be the only symptom present, and it may be increased by exercise and quickly subsiding with rest. Where the hæmaturia follows directly on an attack of renal colic

it is quite suggestive of stone. Frequency of micturition is by no means a constant symptom, and if it be present it is more often due to other conditions than stone. Extreme irritability of the bladder and painful micturition felt in the perinæum and at the end of the penis may be caused by stone impacted in the ureter. Frequent micturition, sudden uncontrollable desire to pass urine and incontinence are symptoms of stone in children. Retraction of the testes is more obvious in children than in adults. The most important feature about the previous illness of the patient is that he has passed small pieces of stone. Total suppression of the urine may be the only symptom that would lead one to suspect the presence of a stone. Radiographs when negative cannot be relied upon.

*Differential diagnosis* must be made from tuberculosis, movable kidney, lithiasis, oxaluria, acute Bright's gouty kidney, vilous growths, biliary colic, distended gall-bladder, caries of spine in children, appendicitis.—*The Lancet*, April 25, 1903.

William F. Baker, A.M., M.D.

**CARDIAC WEAKNESS IN CHILDREN.**—Dr. Frohne calls attention to the prevalence of cardiac weakness among children, either associated with or independent of anæmia. Treatment must, therefore, be directed in the one case to the blood, while in the other the heart itself is to be prescribed for. It is not always possible to make an absolute distinction between the two conditions.

The usual result of anæmia is cardiac dilatation, due to malnutrition of the myocardium. Dr. Frohne has, however, encountered cardiac dilatation in children independent of anæmia, and he is led to believe that it may occur as a disturbance of nutrition, incident to rapid growth. This distinction offers practical hints in the treatment.

The symptom complex is: Exhaustion following ordinary exertion; exercise brings on palpitation and, frequently, stitching pains in the side. As a rule, there is loss of appetite. Tremor of the hands may also exist, and fainting spells not infrequently occur. These symptoms strongly point to anæmia, but treatment aimed in this direction fails to produce any decided amelioration; it is not until the true nature of the condition is suspected and a cardiac tonic prescribed that the child begins to improve.

The remedy from which Dr. Frohne has obtained the best results is *crætegus oxy.*, tincture or 1st x dilution.—*Leipziger Pop. Zeitscher. fur Hom.*, June, 1903.

C. Sigmund Raue, M.D.

**ON CERTAIN BENIGN NEOPLASMS HAVING THE FREE BORDER OF THE LIDS FOR THEIR SEAT.**—Panas reports the following case: On the inner margin of the free border of the lid of a 28-year-old female there was situated a smooth, soft, semi-transparent tumor which was of the size of a pea and pedunculated. At the base of the tumor there was a small scar. At times, on closing the lids, a slight hæmorrhage flowed from the extruded tumor. Histological study of the growth showed it to be a simple granuloma containing considerable pigment, the remains of repeated hæmorrhages. This view of the character of the mass was borne out also by the innocent mode of its development. The author reviews the literature of this type of growth, and finds reported one papilloma, one fibro-papilloma, one cavernous lymphangioma, one adenoma of the sebaceous glands, one adenoma of the sudoripar-

ous gland, one adenoma of the Meibomian glands, three granulomata, and a few serous cysts arising from the sudoriparous glands.

Their diagnosis from the malignant forms of neoplasms depends on the progressive involvement, the plaque-like shape, and the ulcerative processes. Malignant involvement of the Meibomian glands, he says, is to be diagnosed by a microscopic study of the excised portions, inoculation of animals, and a consideration of the more rapid course.—Panas, Paris, *Archives d' Ophthalmologie*.

William Spencer, M.D.

**THE TREATMENT OF MYOPIA.**—Liebreich is convinced that the development of myopia is usually the result of an increase of the intrapupillary distance, due primarily to a too-great separation of the inner orbital walls. This malformation of the osseous structure, he says, is the essential hereditary element of myopia, which gives rise to a disturbance of the relation between accommodation and convergence, by an increase of the angle B. Therefore, he considers prisms, combined necessarily with other precautions as to light, position, etc., as the only positive remedies against the progress of the condition. In the prodromal stage of myopia he uses only weak prisms. In more advanced cases he adds concave lenses. He believes that the total correction of myopia succeeds only in those cases in which the angle B is either small or normal; conversely, he thinks that the convergent squint of myopia is due to a diminution of the angle.—*Annals d' Oculistique*.

William Spencer, M.D.

**NICOTINE AMBLYOPIA.**—Galtier quotes a case and cites one of his own to demonstrate that abstinence from the toxic agent is not always an efficient method of cure. In his own case, abstinence for twenty months failed absolutely to give any result.

Pilocarpine was administered, completely relieving the patient of a reduction of vision to one-sixth of normal, with a color scotoma.

He reminds us that Coursevant advised the use of pilocarpine some twenty years ago.—*Annals d' Oculistique*.

William Spencer, M.D.

**VERNAL CATARRH.**—A case of vernal catarrh occurring in a young man of 25 years of age, who had been irregularly under observation for a period of four years, with but slight resultant change in the ocular condition. There were not any alterations of the bulbar conjunctiva, and but a slight milkiness of that of the lower lid. On everting the upper lid, its tarsal portion alone was found to be affected.

Along the superior tarsal margin there was a row of large, smooth, whitish papules, which were hard and flattened, lying in close opposition. The remainder of the tarsal conjunctiva, except where it was covered by an immense flattened papule on each side, had the smooth, milky appearance of vernal catarrh.

Extirpation and cauterization of the bases of the large masses were twice performed, and in each instance was followed by an immediate return.

Microscopic examination of the excised portions revealed a true papillomatous structure covered with a massing composed of a marked increase in the number of epithelial layers.

Cellular infiltration of the deeper layers was slight in contradistinction to



the nodular infiltration, which is found in the so-called false papillary structures of trachomatous origin. The author has observed twenty cases of vernal catarrh: in nine, the superior lid alone was affected; in three, pericorneal hypertrophy alone occurred; and in eight, the involvement was complete.

The important diagnostic point between vernal catarrh and trachoma, he claims, is the absence in the former of any disturbance in the superior cul-de-sac. As to treatment, the author uses calomel, with white precipitate and cocaine. He states that also to be mentioned are adrenalin, scraping and electrolysis.—Demicheri, Motevido, *Archives d' Ophthalmologie*.

William Spencer, M.D.

THE ROENTGEN RAY IN THE TREATMENT OF PSEUDO-LEUKÆMIA.—N. Senn reports two cases of this disease treated with the Roentgen ray. The first case, a man 43 years of age, with a glandular affection dating back one year. The glandular enlargement beginning in the cervical region and, later, extending to the axillary and inguinal glands. Dulness over the mediastinum and increased respiratory movement showed involvement of the glands within the chest. The X-ray was applied to the involved glands for one or two months, daily. A severe dermatitis appeared as a result of this treatment, but at the end of a month the glands had nearly disappeared. The second case was one in which the glandular involvement had dated back ten years. There was a chain extending from each arm-pit to the epitrochlear region, some of these glands being the size of a chestnut. The inguinal glands were also greatly enlarged, and a very large gland could be felt in the abdomen to the right of the umbilicus. The rays were applied to the neck, axillæ, elbows, chest, abdomen and groin of each side every alternate day. A fairly hard tube was used, at a distance of three or four inches from the surface. The treatments lasted for from five to seven minutes over each area. At the end of five treatments, a marked softening and a decrease in the size of the glands could be noticed. Later, he developed symptoms of toxæmia.—*New York Medical Journal*, April 18, 1903.

Bernard E. Bigler, M.D.

TREATMENT OF TRACHOMA.—Stevenson and Walsh claim that the X-ray is of great value in the treatment of trachoma. Four cases were treated with the X-ray, two of which were completely cured, and in the other two so marked was the progress that recovery was almost certain. A dermatitis developed on several occasions, a blister forming on the lid in one case. A notable feature in these treatments was the fact of their prompt response.—*Medical Press and Circular*.

Bernard E. Bigler, M.D.

TREATMENT OF LEUCOPLAKIA BUCCALIS.—Dr. Bockhart, of Wiesbaden, thinks this disease to be due to the double action of syphilis and tobacco; in fact, a parasyphilitic affection. Local treatment is of service if the patients will wholly give up tobacco. He has succeeded in obtaining a complete cure by applying daily, locally, balsam of Peru and having the patient wash out his mouth with a  $\frac{1}{2}$ - to 3-per-cent. solution of common salt. In those who will not give up smoking, one may use caustic pastes, as, for example, of resorcin or lactic acid, but carefully; for if they canterize too deeply, they will only aggravate the evil.—*Ibidem*. (This condition may be the starting-point of malignant growths of the parts affected.)

Frank H. Pritchard, M.D.

## MONTHLY RETROSPECT

### OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

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CONDUCTED BY O. S. HAINES, M.D.,

with the collaboration in German literature of C. Sigmund Raue, M.D.,  
and in French literature of Charles Platt, M.D.

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**THE THERAPEUTIC DIAGNOSIS.**—Dr. B. S. Horne remarks that all the medical uncertainty that exists can be traced to our nosology, which leads all who fail to understand that there is a *therapeutic* diagnosis, as well as a nosological diagnosis, into routine prescribing. The great tendency in medicine—and this has been particularly the case with the ancient school—has been to medicate names instead of disease processes.—*Med. Summary*. It must be very gratifying to all those interested in the growth of homœopathic practice to perceive these constant testimonies to the truth of Hahnemann's teachings. Indeed, nothing now remains for our opponents save a general acceptance of the law of drug-selection. An old-school physician said recently: "We can never come down to the acceptance of homœopathy." Therein lies their misconception. It would mean "a lift upwards," not a "come down."

**CANTHARIS IN INFANTILE DYSENTERY.**—For dysentery in infants, with the discharges of a thin, watery, slimy character, the slime pinkish, reddish or blood-spotted, cantharis is a very reliable drug. It may be used in the 3x dilution. We should differentiate *mercurius corrosivus* from cantharis in this affection. *Merc. cor.* 2 has much the same stool, at times, but the tenesmus *after* stool is the most pronounced symptom. In cantharis, the pain *during* stool and the tenderness of the abdomen are more noticeable. In cantharis, the child cries both before and during stool; it also winces from pressure upon the abdomen; does not like to be held over the knee or upon the shoulder, as *colocynth*. In *merc. cor.*, if the child cries at all, it is more apt to do so *after* the stool has passed and while the severe straining continues. Sometimes cantharis completes the cure in cases that *merc.* has helped. The tenesmus has been lessened, yet the bloody stools continue.—Dr. M. W. Van Den Burg, in *N. A. Journal of Hom.*

**CANTHARIS IN POMPHOLYX PEDIS.**—Dr. W. H. Diffenbach has found that the simple treatment of this affection by cantharis 3x internally, and the frequent bathing of the feet with cold water, has given results quite as favorable as the routine method by salves and other local medication. Under the salicylic acid ointment, for example, the cases last an indefinite period. Under the cantharis, they recover promptly. The objective symptoms, in the

cantharis case, are blebs between the toes, in various stages of development. The subjective symptoms are soreness and burning pains, which are relieved while the feet are being bathed in cold water.—*N. A. Jour.*

**ALCOHOL IN THERAPEUTICS.**—In an interesting paper upon this topic, Dr. Conrad Theodore Green concludes that the very few occasions when this drug will be found to be useful may be summarized thus: 1. With meals, when it is found to stimulate the appetite, so that more food may be taken than would be taken without it. 2. To promote restful sleep as a sedative, not as a stimulant. 3. To help a patient over some short period of collapse or shock in the course of serious illness or injury.—*Journal of the British Hom. Soc.*

**ACUTE TONSILLITIS.**—Dr. George B. Rice looks upon acute tonsillitis as either a manifestation of uricacidæmia or because of localized foci of sepsis, resulting from the presence of diseased and dilated crypts and follicles. In the first instance, his remedies are: Guaiacum, two-grain doses hourly, phyto-lacca, merc. bin., belladonna or gelsemium, according to the indications. In the other type, he tries to clear out every follicle and crypt with a small bit of cotton dipped in 50 per cent. protargol and the use of antiseptic gargles. Internally, he gives here either bell. or gels.—*Jour. of O. O. & L.*

**HÆMOPHILIA.**—Dr. C. B. Dickson, of Los Angeles, has had three cases of this rather unusual disease to treat during the past twelve months. In each of these cases the internal administration of hydrastis canadensis fl. ext., assisted by suitable external mechanical treatment, promptly controlled the bleeding. One case followed a scalp-wound, the hæmorrhage occurring ten days after the injury. Another child suffered from alarming hæmorrhage from a small granulating surface beneath the foreskin. He had been circumcised a week previously. The last case was a youth of 17 years, who bled from the nose. There were associated pains in ankles and wrists, and a distinct history of numerous bleeding throughout the family. The dosage of the hydrastis, in these cases, ranged from seven to ten drops.—*Pacific Coast Jour.*

**THE TREATMENT OF PNEUMONIA.**—Dr. H. V. Halbert, in *The Clinique*, gives an interesting *resumé* of the method followed by him in the treatment of pneumonia. There are no special innovations to be noted, for, as the author remarks, "We must treat pneumonia, in accordance with its clearly defined symptomatology, just as we manage any other disease." These brief records of the bedside experience of the practical physician make very interesting reading, and we wish that the writer had dwelt rather more at length upon his management of those abnormal or unusual cases which refuse to yield to the established or customary therapeutic methods, and which every physician, at one time or another, must find so troublesome and perplexing. One instinctively hunts, in an article of this kind, for the record of what the author did when his usual measures left him in the lurch. Dr. Halbert points out the danger that must lie in the unfortunate practice of whipping up the heart with stimulants in every pneumonic case. There can, however, be no difference in the opinion of physicians as to the advisability of stimulation when cardiac failure is in evidence. Strychnia seems still the favorite here. Dr. Halbert frankly states that a tablet containing strychnia  $\frac{1}{80}$ , digitaline  $\frac{1}{100}$  and nitro-glycerine  $\frac{1}{100}$  has served him very well in such an emer-



gency. He also thinks that aromatic spirits of ammonia is sometimes tolerated by the stomach better than alcohol. Our schools are, perhaps, rather indifferent to the stimulating properties of this simple medicament. Its effects may be rather evanescent, still they are positive. For the *pain* which exists during the early pathological development the author thinks highly of cantharis and bryonia. It is probable that the former may be somewhat unfamiliar in the rôle of pain-subduer, yet Dr. Halbert's experience confirms him in the opinion that it relieves the painful features of the early development of the exudate better than any other known remedy. Bryonia serves us well as we approach the second stage. The dosage of cantharis, three to five drops of the tincture every two hours or oftener, will be a surprise to some, and yet the fact has impressed itself upon not a few of us that homœopaths have, on some occasions, ran a trifle wild on the question of the smallness of the dose. In a very laudable endeavor, perhaps to avoid the physiological effects of their remedies and to obtain only the therapeutic or curative effects, they have sometimes, we believe, overestimated the "sick-making" power of drugs. It has been a bad thing for homœopathy, we think, that some of our best writers and thinkers have dwelt *unnecessarily* upon the advantages to be derived from doses that must seem imponderable and incomprehensible to all those whose minds are less spiritual than the writers. It may be a shocking thing to say, but when a man of Dr. Halbert's calibre comes out and says that three or five drops of tincture of cantharides will act most satisfactorily, when prescribed according to the law of the similars, he has established a fact that is more tangible to the average mind than if he had led us to believe that it was quite necessary that the dose be reduced to the last gasp before one could have the desired therapeutic result. We should, perhaps, have won more adherents from the dominant school had we dwelt less upon the unessential corollaries to our law of drug-selection and more upon the simple fact that drugs act more specifically when they are properly selected. Prove drugs, if you would learn the full measure of their sick-making powers. It is surprising to us to observe, on some occasions, "*how much*" rather than "*how little*" is required to produce the full therapeutic effect of remedies selected most carefully according to the law. But, to switch on, Dr. Halbert finds phosphorus the most useful of remedies in the period of full consolidation, when the peculiar "tightness" defines the exudative consolidation. It is his custom to continue this remedy throughout the second and third stages, unless the signs of resolution are marked. Hepar sulphur naturally follows phosphorus as the exudate begins to soften; it is decidedly the remedy of the third stage, and refers particularly to a purulent infiltration. Fever of a low character is generally present when hepar is indicated, and the spasmodic cough, with fœtid expectoration, perspiration and emaciation, would suggest septic conditions. In the typhoid conditions, which are so frequently found in connection with severe pneumonia, Dr. Halbert believes that baptisia stands out pre-eminently among the useful remedies. We should have given hyoseyamus first place in the typhoid state of the pneumonic, but thus does experience differ. There are many other references to our useful medicines throughout the paper which will repay a careful perusal.

HEART REMEDIES.—Dr. John Prentice Rand does not think that the homœopathic law of cure is always applicable in cardiac therapeutics. By

which we suppose he means that he has failed to obtain the looked-for effects of certain indicated remedies, in cases of organic heart-disease with degeneration of tissue. And, indeed, who has not had such an experience at one time or another? Our best efforts availing us not, we are *occasionally* obliged to brace up the failing circulation by other than homœopathically-indicated remedies. But there is another side to this question that ought also to be viewed. We ought to realize that there is nothing curative in this "bracing-up" method. And, on the other hand, we must add that, *very often* in cases of chronic organic heart-disease, even when there are present degenerative changes, the action of the perfectly-indicated homœopathic remedy is one of the marvelous things which every homœopathic physician can tell you about. The gist of the matter being, that in this class of affections, like every other, we sometimes meet "the exceptional case" which perplexes and which tries our patience mightily. It is always interesting to know what a brother practitioner does for these exceptional cases. The author of this paper relates his method, in a very entertaining manner, in a recent number of the *N. A. Journal*. In attacks of true angina, he seems to think the hypodermatic method superior to any other. In cases that fail to yield promptly to the usual prescriptions, he administers, at a single injection: Nitro-glycerin,  $\frac{1}{100}$  grain; strychnia,  $\frac{1}{60}$ ; morphia,  $\frac{1}{2}$ . This plan will not appeal to a great many of our readers, especially those who do not suffer from severe attacks of angina pectoris, or who are seldom called upon to witness the agony of such an attack. Dr. Rand has seen his patients, with cold extremities, flickering pulses, presenting every indication of immediate dissolution, made comfortable and happy within half an hour by such an injection. Hence, he says: "It is satisfactory to me and to my patient." We do not believe that this method will *invariably* give such prompt results, but that it is useful to know of it for the exceptional case. In a weakened condition of the heart, accompanied by disturbances of digestion and general asthenia, especially if there is a history of nervous fatigue behind it, he gives phosphate of strychnia 2x, four times daily. If there is present œdema of the feet, he would add digitalis to this prescription. He prefers the fresh infusion of digitalis. Next to these remedies Dr. Rand places *convallaria maj.* As a cardiac tonic he gives 5- to 10-drop doses, every two or four hours. Next to this remedy he would consider *cratægus*, with which he has had pleasing success. The next remedy upon his list is the *spartein sulph.* He thinks he obtains a slight hypnotic effect from doses of  $\frac{1}{10}$  grain, and gives this remedy, before resorting to the use of opiates, to relieve cardiac insomnia. This is a rather catchy observation and may help us. He also uses *cactus* 1x dilution, but upon the usual indications. *Strophanthus* he uses carefully, rather avoiding the physiological dosage. *Adonis* and *lycopus* have failed him. In prescribing homœopathically, that is, according to the symptomatic picture presented by the case of heart-disease, we must get out of our minds the gross pathological changes, and out of our ears the murmurs; we must endeavor to view the sick man, rather than the sick heart. Even those of us who practice polypharmacy, who use combination-tablets and who make the rankest pathological prescriptions, are willing to admit that the better way is the one taught by Hahnemann.

ZINCUM MET. IN TYPHOID FEVER.—Dr. Hoyt, in reporting some cases of typhoid fever to the Central New York Society, brought out an unusual



application of our law in one case of this disease that had suffered from a relapse upon the seventeenth day. The temperature had gradually declined until, upon the morning of the seventeenth day, it had reached normal. After a slight exertion it rose again, so that by the twenty-second day it stood at 106°. The pulse was 150, very thready. There were involuntary movements from bowels and involuntary micturition. The delirium was of the muttering, incoherent type. Dr. Hoyt prescribed hyoscyamus; and, as so often happens to all of us, this remedy did not seem to help the case. Now, from his description, we must agree that the condition of his patient was most critical. Tympanitic distention was great, opisthotonos, eyes rolled back in head, no pulse at wrist, *general and violent trembling, subsultus tendinum*, cyanosis. Very naturally, he was giving the patient the usual stimulant treatment, in desperation: Whiskey and strychnia and baths. These brought no relief. Death seemed at hand. The physician sat by the bedside of the patient and studied, and thought of all his therapeutic resources. Finally he hit upon zincum met., which he gave alone, in the 30th potency. Within four hours he could see the evidences of its beneficial action.—*Med. Advance.*

**MORE ABOUT THYROIDIN IN PSORIASIS.**—Dr. C. D. Collins relates another case of this disease treated successfully with thyroidin 2x, two tablets four times daily. This observer has found that the second decimal gives just as good results as two- to five-grain doses of the desiccated extract. This case was a male, aged 70 years. The eruption was upon his elbows, knees, legs, back, breast and abdomen. The scales were abundant. About the knees and elbows the spots coalesced, forming a large area of diseased skin. Itching was intense whenever the patient became warm. He was an excessive coffee-drinker. The physician chose to apply an antiphlogistine plaster to the knees and elbows, we presume, for the purpose of softening the scales and reducing induration.—*Clinique.*

**GNORRHEA IN WOMEN.**—Bacteriologists have claimed that gonococci can only be cultivated in acid media, and that it is for this reason that they flourish in the urethra and vagina, the less violent attacks not reaching the uterine canal, where the secretions are alkaline. Dr. M. Belle Brown, following out this line of thought, has been well-satisfied with an alkaline douche of phosphate of soda, followed by one of hydrastis. The latter is of the strength of two drachms of the fluid-extract to nine quarts of water. Preceding this douche, she places within the cervix a plug of lamb's wool, wet in the alkaline solution. Cannabis sativa and hydrastis are generally the remedies prescribed. Occasionally she substitutes a douche of one tablespoonful of a special mixture to a quart of water. This mixture is made by mixing: Plumbi acetatis, two drachms; acid. carbol., one drachm; tinct. opii., four ounces. This douche will allay pruritus promptly.—*Jour. of Obstet.*

**BISMUTHUM NITRICUM IN CHRONIC VOMITING.**—The case reported by Dr. Goullon (see *Hom. Recorder* for May 15) is one of great interest, and while we have the diagnosis of a specialist that the vomiting was clearly of nervous origin, we cannot escape from the conviction that such a diagnosis incompletely explains the pathology of the case. The action of bismuth, however, was so striking that we feel our readers will profit by a *resume* of the history. A military man, of 70 years, had suffered from stomach trouble for one year.



Indiscretions in eating, mental agitation, and so on were supposed to be its causes. He complained of severe attacks of vomiting, which occurred *at night*. The recurrences had been as frequent as every week. It was observed that his attacks began with severe pains in the back. The pain then extended into the abdomen and vomiting began. The pains continued for hours after the vomiting had ceased. During some of the most severe of these attacks, the patient vomited fecal matter. Ignatia and nux vomica failed. The first centesimal trituration of bismuthum nitricum was prescribed. A few grains were given, night and morning, for a week. Then, on account of a sour taste which troubled him, he received natrum phosphoricum in the same way. The patient recovered. It was a clever cure, but we cannot ascribe it strictly to the bismuth. The case originally appeared in the *Allg. Hom. Z.*

**A CONTRIBUTION TO THE THERAPEUTICS OF MORNING VOMITING.**—When a man habitually rises from his bed each morning gagging, retching and vomiting tough masses of mucus, it is time for his physician to decide whether the man should consult a throat-specialist or “sign the pledge.” We must regard such cases of morning vomiting as rather unusual in this country. Those that we have seen have generally yielded to either nux vom. or kali carbonicum, with a little quiet advice as an adjuvant. Dr. Berlin, of Guben, relates, in the *L. P. Z. f. H.*, a severe case of morning vomiting in a merchant. The patient seemed to have been a sufferer from the complaint ever since his youth. The diagnosis was chronic catarrh of the stomach and fauces. The cause was, doubtless, too much beer. The doctor prescribed cuprum metallicum, fourth trituration, three times daily. It cured the man. Another case had been a beautiful drinker up until the time of his marriage, at which time he began to limit himself to five glasses each day. After the wedding, his young wife was much astonished at her husband’s wonderful performances of retching and gagging and vomiting each morning, and suggested that he needed a doctor badly. Cuprum met. also cured this case, and without necessitating his abstaining from the accustomed beer. The author says this remedy has always helped the morning vomiting of beer-drinkers.—*Trans. in Recorder.*

**KALI PHOSPHORICUM.**—We suppose every homœopathic physician uses kali phos. a great deal. It seems to me almost indispensable in the treatment of the neurasthenic, overwrought hypochondriacs of our great cities. The patient who is so depressed about his condition of health, and whom you feel like assuring that “he really enjoys good health.” The patient who dwells at much length upon the most trifling sensations, until you almost lose your temper, forgetting, for the moment, that there is such a thing as a mind diseased. The patient whose thoughts are morbid thoughts, who has lost, for the time being, the ability to discriminate between what is real and what is fancied or imaginary. He probably is sound, so far as we can determine soundness by physical signs; but his thought-cells are certainly far from their normal condition. Some of these people become crazy. Others gradually show a general bodily deterioration, and may, in the course of time, become physically sick, with either the general or local evidences of retarded nutrition or degeneration. Much more might be said, but the thought we desire to leave is that the action of kali phos., in this class of cases, is something worth thinking about.

# THE HAHNEMANNIAN MONTHLY.

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AUGUST, 1903.

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## OPPORTUNE SURGERY.

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FROM the rate of sailing as determined by the log and the course traveled as determined by the compass, the place of starting being known, the sea-captain is able to ascertain his whereabouts on the ocean. In other words, the man at the helm, or on the bridge, in maritime affairs,—the one responsible for the lives of his company and the safety of his ship,—must question every source of information and not only calculate his position, but verify that calculation by observations many times repeated. Without these reckonings the mariner would be lost.

Calculation of this kind is required in every pursuit of life, surgery not excepted. For nothing can be more advantageous to surgery than reckonings as rigid as the mariner's; than scrutinies and questionings the most searching; than cross-examinations of the severest kind. Nothing can do more to establish the surgeon in the equipoise of his judgement, in the rectitude of his course and in the impregnability of his position, than frequent reviews of his work and close analytical studies of its relationship to the great whole of remedial endeavor.

Men are living to-day who have witnessed the major part of the progress made in science and the arts; who can remember the introductory uses of steam and electricity, and who can re-

late from observation the mental disturbances occasioned by the great transforming thoughts. At their birth geology had not spoken its expansive word, Darwin had not discovered the pathway of the world's progress through evolution, and science and religion had not learned that their differences were merely misunderstandings; medicine was still chaotic, the revolution inaugurated by Hahnemann was in embryo, and therapeutics without drugs was inconceivable; the relationship of bacteriology and pathogenesis had not been recognized, anaesthesia was unknown, and the achievements of surgery were still unwritten.

But we live in an age of rapid motion. The swift feet of progress have borne us far on the way of acquisition. Vast strides have been made in every department of learning during a hundred years; but in none has knowledge gone forward with greater leaps and bounds than in that of surgery. Ephraim McDowell found surgery limited to fractures, amputations and superficial operations. The noted surgeon then was a good bone-setter, could drop limbs from his saw with great celerity, could tie the carotid and subclavian arteries, and made boast that the ever-present pus in his wounds was "laudable."

All surgical knowledge has come through the process of education; it has been a growth from primitive beginnings: an evolution from ignorance of conditions and clumsy methods to an accurate diagnosis and a finished technique. It has been a tuition as to when and how to be serviceable.

Surgery is an outgrowth of medicine. It is the recognition of the limitations of medicinal therapeutics. It is the alleviation or removal by manual intervention of physical conditions otherwise unrelievable. It is, therefore, the supplement and the complement of the healing art.

Such a thing as antagonism between medicine and surgery is illogical, inasmuch as each is the servant of the other and both are joined in the accomplishment of a complete work. In the untutored stage of our science, however, the lines were not accurately drawn, and confusion as to definitions prevailed. Drug-therapeutics attempted the impossible in numberless instances, and continued its futile ministrations till the possibility of deliverance by manual intervention had passed. On the



other hand, surgery frequently was employed prematurely or unskilfully to the detriment of its subject. All such practices must be regarded now as rudimentary.

To-day the boundaries of medicinal-therapeutics and of surgery are better defined. Physicians have gained more accurate knowledge concerning what can and what cannot be accomplished by drugs, and have realized to a keener extent the value of the time-element in the surgical case. Surgeons have learned when their services can be of the greatest value, and have perfected their methods to such a degree as to banish from their work, to a large extent, the element of danger. They have acquired the knowledge from defeats, as well as from victories, that postponed surgery is the hazardous surgery; and that the danger is usually in inverse ratio to the square of the distance from the inception of the conditions demanding it. They have found, alas, in too many instances, that procrastination has been irreparable loss of time; that recovery would have been assured if the surgical remedy had been applied opportunely, and that the most opportune time for such service is when the first nature-signal for manual help is made, and as soon as the powerlessness of medicinal-therapeutics is determined. Up-to-date knowledge demands that the resort to surgery shall be made before cellular pathology has become widespread; or before the metamorphosis has extended far into local death or into malignant proliferation. Experience has demonstrated that all delay of surgical action, for instance, until the stage of pus-formation is entered upon in appendicitis; or until gangrene or peritonitis has been generated; or until abnormal growth has shown persistent and steady development into hopeless malignancy, is in disregard of the plainest teachings, and is an ever-increasing menace to the welfare of the patient.

#### *Specifications.*

The one surgical disease that looms above all others, and that is assuming more and more gigantic proportions, is cancer. Mankind is appalled at the rapid pro-rata increase of this disease. Never before has cancer exhibited such widespread prevalence. Never before have the resources of the healing-art been put to such severe test. It is not only the more frequent appearance of the disease that is terrifying, but also its

dogged pertinacity and apparent incurability. Is it to be wondered at that many of its victims reach a state of mind bordering upon hopelessness? And that they employ expectancy, or the "catching at straws," in the trial of one "sure cure" after another, till the end is reached? I confess that admission may as well be made that after the given case has passed a certain stage of development, it is not very material what is done or what is left undone, so far as the result is concerned. It is the delayed case of cancer—the one with lymphatics infected by the proliferation of cancer-cells—that proves to be incurable.

It is these cases that have brought opprobrium alike to the physician's medication and the surgeon's knife; and have led in many instances to the layman's belief that the "knife," so-called, is a bad thing in the treatment of cancer, and that it perpetuates, rather than obliterates, the disease. But such experiences merely emphasize the futility of eleventh-hour work: at which time all methods of cure are powerless alike to avert the certain doom.

Cancer can be ruled out in two ways: first by prevention, and second by opportune extirpation. If all causation of physical deterioration be annihilated; if nagging irritation of the sympathetic nervous-system be countermanded at the beginning, and the physical tone—the battle-power of the individual—be kept at the maximum, such an exhibition as cancer, or any other chronic disease, would be a rarity indeed. For chronic disease is found only upon the individual of low vitality. It comes only when the life-forces are impaired; when there has been a decline from the normal for an indefinite time; and when the powers of resistance are inadequate for continued defense.

The first work of the physician is to ascertain whether the causation of the malady be still operative—not forgetting that impairment of vitality may go on for years without the recognition of the patient. Rigid examination of every individual, to ascertain life-soundness, should be made at frequent intervals. There should be assurance, oft-repeated, that the major organs of the body are in a state of healthful exercise; that glands and lymphatics and integument are free from morbid expressions, and that there is no such thing going on as gradual exhaustion of life-energy.

The most opportune service in any case of physical decline, therefore, is the service that shall abate the causative factor at the beginning. It is the early intervention that shall free the sympathetic nervous-system from every irritation and incubus. It is that performance, seemingly unimportant, but of immeasurable value, that shall relieve eye-strain; abate nasal impedimenta; discontinue adenoid growths; do away with troublesome teeth; and rule out adhesions of prepuce and clitoris, stenoses and irritable sphincters, hæmorrhoids and cicatricial formations. Opportune attentions of this sort may make all the difference between health and disease. Such foresight will effect the cure by prevention, not only of cancer, but of other chronic ailments as well.

The second way to annul cancer is to extirpate every tumor-growth that makes its appearance. Let there be no delay for exact definition as to the nature of the growth. If the tumor or vegetation be benign, no harm can result from its immediate removal; but if it be malignant, the disease may reach incurability by the delay of a day. At the inception, the disease is merely an impairment of normal cell-activity; the cell-change is that incidental only to embarrassment of normal action, an erosion or an induration, representing merely a high degree of cell-proliferation, and, not yet, epithelioma or carcinoma. The histology may still have the characteristics of the normal—when all the cells are found to occupy their splendid isolation—each a thing by itself—and not broken and grouped in nests of promiscuity. They are then intact and competent to perform their healthful functions of sensation, nutrition, reproduction and automatic or spontaneous action; but when normal action is perverted, and the boundaries are disregarded—trabeculae are formed, and peculiar cells in nests and nodules are generated in the stroma of the tissue. When this change takes place, the transformation into malignancy occurs, and carcinoma, or one of its congeners, is a veritable fact.

The proper way to treat such morbidity, I repeat, is to treat it surgically; if possible, before the evolution into malignancy has taken place, and certainly before the infection of the lymphatics has occurred. This should be done at that early day when degeneracy is at the initial, and when a miracle is not demanded to save the life. Not only should root and branch-



extirpation be effected at that opportune time, but in every case rigid search should be made for the causative factor. The surgeon's duty is never done till all nerve-irritation and physical burden is discovered and discontinued. This is the *Alpha* and the *Omega* of the doctor's business. It is the thing to look for in the supposedly "healthy," as well as in the one making chronic complaint, if degenerations are to be averted, and if the physical defense is to be reclaimed and maintained.

The next disease of pre-eminence requiring surgical intervention is idiopathic peritonitis. In strict parlance, however, there can be no such evolution as idiopathic peritonitis, or peritonitis without cause. Peritonitis is due to sepsis. The septic material is poured out upon the peritoneum almost invariably through a pathological or accidental orifice of intestine, gall-bladder, Fallopian tube, or contiguous abscess. Again, it may follow the local paresis of intestine due to trauma or strangulation, in which case infection of the peritoneum is by transmission of bacteria through devitalized tissues. Peritonitis, therefore, signifies infection of the peritoneum. The great questions are, Whence comes it? and, How shall it be combatted? If the sepsis has proceeded from a perforation of intestine made by typhoid ulceration, or by gunshot, or by an appendix degeneration, the requirements necessitate immediate surgical repair, or removal, with adequate disinfection of the peritoneal cavity. Perforation from whatever cause demands surgical intervention, if death—with very rare exceptions—is to be averted.

Operative results in cases of typhoid perforation are at this date encouraging. Many, thus endangered, have been saved by surgery, and the percentage of cures, it is believed, can be increased by earlier intervention and riper experience. In the case of intestinal bullet-holes, the demand for immediate closure is imperative. Bullets, it is true, have penetrated the abdominal parietes without perforating the intestines, but it is wholly unsafe to count upon such a rare occurrence. The exploratory operation and accurate determination of the fact is by all odds the safer procedure, and is commendatory from every view-point.

Perforation of the appendix vermiformis makes as insistent requirement as does the gunshot wound itself. The prompt

removal of an appendage with a spouting orifice has no contraindication. If one always could tell when perforation of appendix occurs, or when the leak of sepsis begins, it would be a great desideratum; but, unfortunately, the exact time of such an occurrence is usually shrouded in mystery. Experience has proved in numberless cases that perforation had taken place hours or days before the exploration was made. There was present then suppurative peritonitis, pus-pockets or widespread inflammatory adhesions, indicating that nature had waged a strenuous, but losing, battle. It is evident that perils intensify and hazards multiply by every hour of procrastination in such a case. Let it never be forgotten that sepsis is doing its destructive work from the onset of every case of appendix-inflammation, and that whether perforation or gangrene has occurred as yet or not, the local anatomy is undergoing retrograde metamorphosis, and the life conditions are being rendered complex to an unknown extent. Fortunate, indeed, it is, if surgical intervention be permitted before the field has been strewn with pathogenic bacteria, and while yet an aseptic operation is possible and a speedy cure obtainable. Such opportune service will rescue the treatment of appendicitis from the opprobrium now so justly merited in all maltreated cases.

The evolution of the correct treatment of delayed and extra-hazardous cases of appendix peritonitis has been going forward rapidly and has attained such standing as to exercise indisputable authority. While there can be no longer question as to the requirement for the removal of the appendix at the inception of its embarrassment, the teaching is none the less mandatory for immediate surgical intervention at every stage of the pathology, short of the moribund. Once it was considered classical treatment to wait, in all well-developed cases of appendicitis, and especially in all advanced cases, till the fury of the storm had abated—till the “interval” following the attack had been entered upon—in order, as it was supposed, that more ideal operative conditions could be had and that greater safety could be insured. But the argument thus made has been discounted, and safer counsels have prevailed. Instead of helplessly drifting with eyes blindfolded and hands helpless, whithersoever the mad waves of a pathological tempest would impel its victim, the surgery of to-day insists upon attempting to

keep the ship in hand, to man the rudder, and by help of compass and log to direct its course. If the case of appendicitis be not already moribund, and if it does not show a measurable progress from bad to better as the hours go by, expectant treatment is no longer justifiable and the surgeon's services are peremptory. Without ocular evidence, at no time during the progress of such a case till resolution is established, can there be any assurance of security whatever. No one can be certain that the evolution will be for the good; or that appalling danger is not portending; or that an extra-perilous process has not already been inaugurated. Regardless of the fact that many cases tide over from one attack to another, and patients are lulled into a sense of security by optimistic assertions, the fact remains that no appendix having a history of embarrassment is ever safe, and that it may at any time let go a volume of sepsis that may destroy life inevitably. Experiences at the operating-table have convinced every onlooker that expectant treatment, however administered, without adequate response, and in the face of an evolution, hour after hour from bad to worse, is malpractice of the rankest order—and is wholly without grounds for excuse.

Observations of this kind, it is, that have ripened our conclusions into the certainty that appendicitis is a surgical disease *de novo*; that the ideal time for operation is at the beginning of or before advanced retrograde metamorphosis has taken place; and that even then, and at every stage of the degeneracy prior to the descent of the physical rapids precedent to dissolution, the surgical remedy is the only logical remedy.

Surgical intervention has acquired supremacy, also, in tubercular peritonitis. For there can be no moot questions, no diversity of opinion, with regard to the treatment of this desperate disease. Surgery is the only remedy at any stage of the evolution that can give any promise of cure. But, again, and always, the potency of the surgical remedy is dependent upon the date of its administration. Last-resort work is always a sort of Hobson's choice—the best endeavor possible under the circumstances, but ideal in no sense. From 30 per cent. to 40 per cent. of recoveries, after surgically treated tubercular peritonitis, in the earlier days of the service, was considered great achievement, and just that much pure gain, inasmuch as it was



at that time 100 per cent. fatality under any other mode of procedure.

Here, too, the logic of experience has been a great school-master. Formerly, the diagnosis of this disease was made almost wholly by accident, and as the result of exploration in pursuit of other object. When the rule shall be universally followed that all intra-abdominal conditions manifesting obscurity and any marked degree of obstinacy, under well-directed curative effort, shall have the benefit of exploratory surgical operation, the diagnosis will be made at the inception of the disease and the possibility, as well as the probability of its cure, correspondingly enhanced. For it has been found that surgical intervention, at or about the time of the beginning of this otherwise incurable disease, has been crowned almost invariably with its banishment.

It is very instructive to note the interdependence and relationship of disease processes—the sequences and chain of dependencies so often traceable. In taking the backward trail of the pathology in question, and tracking the tuberculosis to its lair or starting-point, I have gained in many instances startling information. Frequently, there has come an illumination of a complex problem that not only made its solution easy and the course of procedure plain, but has dispelled misconceptions and delusions that had previously been entertained as facts.

The journey is always back to causation,—for cause and effect are correlative. If peripheral causation be non-operative,—if there be no superficial or visible reason for the decline to bankruptcy in the given case,—the search must be extended to the interior; for there must be, there is somewhere, a reason for the ill-exhibition under consideration. And peritoneal tubercular degeneration is a great interpreter. In a large percentage of cases, the disease has proceeded from that vestige of anatomy called the appendix vermiformis. The hapless victim, with or without knowledge of long embarrassment in this region, has drifted from one attack of appendix difficulty to another, with never, at any time, the possession of an appendix otherwise than sick and feeble and non-competent and badly fed. Malnutrition is always true of the appendix, even in the state of its utmost vigor and of its utmost quiescence. There is never a time when vitality at full tide can be predi-

cated of it. It is what may be termed a choked intestine, an undrained canal or a dammed lagoon. Clearance, freedom of flow and an outgoing current, bearing with it the putrefactive sewage of a Chicago river, are not characteristic of it. With sanitation thus bad, what wonder is it that acute and chronic maladies are referable to it; that multiform interferences with the normal exercises of contiguous organs and tissues are occasioned by it, and that its possessor may never know what it is to be vigorous and forceful to the maximum of good health for an entire lifetime, or until the date of its extirpation. I say that low vitality, exhausted energy and inefficient battle-power are the prerequisites for the cultivation of the tubercle bacillus; that tuberculosis is never found under other conditions, and that the peritoneal variety is a local affair dependent for exciting cause upon an intraperitoneal situation that fulfills all the conditions. In proof of which I need only to instance the facts that degenerate ovaries, that lax ligaments of uterus and kidneys, that gall-stone complications and alimentary embarrassments, as well as tuberculosis and carcinoma of peritoneum and intestines, are very closely associated with, and often the result of, the hampered physiology, and the latent pathology always present in the appendix.

I must crave your pardon for much reference to a theme so long considered trite, for an impressment of your minds to a further consideration of a question so long discussed; but I am persuaded that no subject before us is more expansive and far-reaching, or is more pregnant with woe to our race, both directly and indirectly, than the appendix question, and that it must have hearing until there shall be universal acquirement of knowledge concerning the *rôle* played by it in pathogenesis.

Another very pat example of the opportuneness of surgery is the cure of Bright's disease by the decapsulation of the kidney. But cure by Edebohls' operation is dependent, again, upon its early utilization. The reclamation of an organ must depend upon the extent of its disintegration. Failures to cure by this method have resulted only when applied in far-advanced cases.

As to ectopic gestation, adhesive bands, bowel obstruction, gall-stones, the empyemas, etc., I need not detain you. It is unnecessary for me to prolong the recital or to instance further the need and opportuneness of early surgery.

From what has preceded, the lesson is clear that no surgery can be considered opportune that does not effect the removal of all solid and cystic growths at their beginning; that does not penetrate and evacuate all pus-collections at their earliest formation; that does not obliterate a hernial sac before strangulation occurs, or the hernial orifice has become hopelessly dilated; that does not remove every nagging peripheral irritant before its presence has been announced by long-continued discomfort and before depreciation of the physical capital has been effected thereby; and that does not, at the inception of every obscure or persistent intra-abdominal abnormality, make open proof of the exact status.

The lesson of all experience is summed up in the proposition that any surgery that is worth doing at all is worth doing early.

Living, as we do, at the zenith of the world's light, it is obligatory upon us to acknowledge our indebtedness to those who have preceded us; to make intelligent use of the fund of information in our possession, and to realize that evolution is progressive and interminable. To do this acceptably, we must put ourselves into a judicial frame of mind; must have ability to weigh fairly and estimate justly the advantages and the disadvantages of every departure from the beaten track, and be sensitive always to the messages that are being sent continually to the children of men. For revelation is not closed. Never have seers and prophets been as plentiful as now; never before have men been in closer communion with the Powers that Be than at the present time; never in history have the five senses of man been as receptive to the meaning of things as in our own day.

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AN EFFECTIVE OINTMENT FOR SORE NIPPLES.—Dr. G. Sieffert reports a case of sore nipples that was cured promptly by the following ointment: The trituration of castor equi., 1 gram; lanolin, 5 grams; vaselin, 29 grams. Castor equi. is prepared from an excrescence found upon the inner side of the legs of the horse. It is an old remedy, introduced by Dr. Hering. The above ointment also cures the cracks and chaps that occur upon the fingertips of those who play upon the piano or violin.—*Leipz. Pop. Z. f. Hom.*, in *Recorder*.



AMPUTATION OF THE BODY OF THE UTERUS FOR THE CURE OF  
INTRACTABLE FLEXIONS.

BY W. E. GREEN, M.D., LITTLE ROCK, ARK.

(Read before the Surgical and Gynæcological Society of the American Institute of  
Homœopathy.)

THERE is, probably, no class of diseases peculiar to women that taxes the ingenuity and skill of the gynæcologist as does that of flexions of the uterus. Every conceivable form of mechanical support has been manufactured for their relief and many operations devised for their cure, all of which have, more or less, failed in results.

The pathological changes that are more or less responsible for uterine flexion are superinduced by arrest of development of the organ. This may occur during intra-uterine life, in infancy or at pubescence.

In the first instance the condition is designated rudimentary, in the second infantile, and in the third pubescent uterus. The rudimentary form is often associated with absence of the vagina or ovaries, and is usually non-functional; however, when the ovaries are sufficiently developed, there may be a painful effort at menstruation which, at times, causes such severe suffering that castration may be required.

The infantile uterus is generally disproportionately developed; there is either an infra- or a supravaginal elongation of the cervix with attenuated walls, while the body is abnormally small. The ovarian growth is also usually more or less impaired. The menstrual flow, under such faulty conditions, is generally scanty, irregular in periodicity and painful. Sterility is the rule. This may be owing to imperfect ovarian function or to the deficient uterine development.

Of these forms of undeveloped uteri, the pubescent occurs most frequently, and its pathology is the most complicated. Neither the body nor the cervix are perfectly developed; they are usually undersized, and in almost every instance a sharp anteflexion exists. While in the beginning of menstrual life the flow, though irregular, is painless, a process of pathological evolution soon begins, and consequent pain and suffering

develops which, sooner or later, drives the subject into the hands of the surgeon. This poorly-developed organ is deficient in all its appointments. Its muscular structure and its ligaments are not sufficiently strong to hold it erect, therefore flexion occurs. The circulation is wanting in tonicity, and consequent stagnation and congestion gradually supervene. The nerve-supply is hypersensitive, and pain soon tortures the subject. The cervical canal, naturally small, is made narrower by flexion, and the endometritis, which usually exists, adds to the obstruction by the swollen condition of the mucous membrane. All of these abnormal conditions tend to produce perversion of function. Drainage of the uterine cavity is imperfect; the venous circulation becomes engorged or congested; congestion invites inflammation, and inflammatory overgrowth of the body of the uterus gradually supervenes; this enlargement increases the flexion and displacement, and the efforts of the uterus to expel the menstrual fluid through the occluded cervical canal also adds to the size of the organ, until it will measure two-and-a-half, three and even four inches in depth. With this hypertrophy and venous stagnation comes leucorrhœa, profuse menstruation and increased pain. While an examination of the organ at this stage reveals an enlarged body and elongation of the supravaginal neck, the infravaginal portion retains its original smallness. The novice in making an examination in such cases, seeing the miniature cervix, is surprised when passing the sound to find it entering the organ to a depth of three, three-and-a-half or four inches. The position of the uterus sometimes alternates between ante- and retroflexion; and the surgeon is, at times, greatly annoyed in some of these cases, after having operated for a retroflexion, to find that within a short time the body of the organ has tumbled forward, developing a new train of symptoms equally as annoying and painful as were those that existed before the operation.

I had a most unpleasant experience of this kind about two years ago. I operated upon a woman of prominence for a retroflexion of the uterus and prolapsus of an ovary. The cervix was diminutive and elongated, while the body was large. The patient had suffered for years from all the symptoms peculiar to pubescent uterus. I opened the abdomen, resected both ovaries (they were cystically enlarged), did a suspension of the

uterus, and removed the appendix as well. She recovered very nicely and did well for a few months, when she began to suffer from symptoms of ante flexion, viz., irritation of bladder, heaviness, bearing-down pains and pelvic soreness. An examination showed that the uterus, while reduced in size, was lying forward under the pubes in an extreme state of ante flexion. She was confined to her bed for weeks and her suffering was severe. She would not submit to another operation that I recommended for relief, but lost confidence in me and passed into other hands for treatment.

The etiology of pubescent uterus is often obscure, but the most frequent cause is confinement and close application to study during the pubescent age; severe sickness, chlorosis, overwork, unsanitary surroundings and insufficient and poor quality of food are also factors in the production of the conditions.

The ordinary treatment of flexions of the uterus is so well given in all the text-books on gynæcology, that it would be an unpardonable trespass upon your time for me to recite it here; in fact, it was not my intention in writing this paper to do more than describe an operation (amputation of the body of the uterus), which I first performed more than two years ago for the relief of ante flexion of an aggravated type. I have since this time demonstrated that the procedure is just as applicable to cases of retroversion that are not amenable to adopted methods, as it is to ante flexion. In selected cases, with a healthy cervix, where radical measures become necessary, in order to give relief in intractable flexions, I consider this procedure far superior to vaginal hysterectomy. In this operation the surgeon has an opportunity to examine and deal conservatively with the ovaries and other viscera. The vagina is left in a natural condition, and the broad ligaments that are united to either angle of the cervical stump elevate the vaginal vault and support the pelvic viscera. I cannot do better in describing the operation than to recite my first case.

Mrs. —, æt. 35; brunette; slender; of medium height; consulted me in January, 1901, giving the following history: Was delicate as a child; began menstruating between 13 and 14 years. At first the flow, scant, was attended the first half day with pains in lower abdomen, also in back, which lasted



throughout the period. The suffering gradually grew worse and the flow more profuse, until, at the age of 20, it lasted for seven or eight days, and the suffering was so great that medical aid was summoned. A diagnosis of endometritis and stenosis, caused by ante flexion, was made, and the womb dilated and curetted. This gave relief for a while, but the pains soon returned and gradually grew worse in every way. The uterus was low down, the body pressing against the bladder, creating much vesical irritation, backache and constant bearing-down. The menstrual period came on every three weeks and lasted sometimes ten to fourteen days. She suffered constantly from headache and pain in region of ovary. Had been in the hospital several times, and undergone almost every kind of treatment by various physicians. For the last few years she has been an invalid, both in mind and body, being very nervous and confined to bed much of the time. She was married at 25; husband died at the expiration of four years; was never pregnant.

An examination revealed a small vagina, uterus prolapsed and severely ante flexed; vaginal portion of cervix small; supra-vaginal elongated; body large, three-and-a-half inches in depth, and crowded well down under pubis, pressing heavily against the bladder; both ovaries were enlarged and cystic. Patient was sent to hospital; uterus dilated, curetted and packed, and rectum operated for hæmorrhoids. One month after recovery she was put upon galvanism, both intra-uterine and vaginal. This was continued, in conjunction with internal medication and medicated tampons, for three months without material benefit. At the expiration of this time the patient was thoroughly discouraged, and I was not inclined to further treat the case other than surgical. She had come a long distance to see me, from another State, and was loth to return home unimproved, therefore she readily consented to the measures which I advised, with almost positive assurance of relief. She was again returned to the hospital and subjected to the following operative procedure: The abdomen was opened and both ovaries, which were cystically enlarged, and tubes were removed. The body of the uterus, which as before stated was hypertrophied and ante flexed, was amputated just above the internal os. After closing the peritoneal rents in the broad ligament,

the several ends on either side were drawn down and sewed into the corresponding angle of the cervical stump, after which it (the stump) was closed over with peritoneum in the usual way. This served to lift the cervical stump well up and gave good support to the pelvic viscera. The appendix, which was diseased,—chronic interstitial appendicitis,—was also removed. The patient made an uninterrupted recovery from the operation and left the hospital in five weeks. She rapidly improved in health and wrote me at the expiration of six months that she was strong and well, and was able to attend to all her household duties, a thing she had not been able to do before for years. I saw her recently, and she had gained twenty pounds in flesh, looked fully ten years younger than before the operation. She stated that she was perfectly well in every way, was cheerful and happy and worked hard every day.

An examination, per vaginam, showed the vaginal vault still to be well sustained in an elevated position.

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## THE SURGICAL TREATMENT OF TIC DOULOUREUX.

BY WILLIAM B. VAN LENNEP, A.M., M.D., PHILADELPHIA.

(Presented to the Surgical and Gynæcological Association of the American Institute of Homœopathy, Boston, June 26, 1903.)

OWING to the large number of papers to be presented to the Association, and the consequent limited time at our disposal, I will not burden you with any references to the literature of this subject, probably familiar to every one, nor with a recital of clinical histories. It is my desire to confine myself strictly to the surgical treatment of this distressing malady, and, paradoxical though it may seem, while advocating milder measures in certain instances, to recommend more radical ones under other circumstances.

It has been aptly stated that there are certain stages of trigeminal neuralgia at least as regards treatment.

1. The period of medical treatment. While medicine, hygiene and the removal of reflex causes will cure a certain proportion of cases, this should not be persisted in, it is claimed, for more than three or four months.

2. The period of peripheral operations. The consensus of opinion appears to be that these should be undertaken before the attack is made on the central portions. This is due to the fact that the peripheral portions are usually diseased first, changes in the more central portions appearing later.

3. The period of intracranial operations. This is looked upon, for reasons to which I shall refer later on, as the last resort, except, perhaps, in cases of ascending neuralgia, one branch being involved after the other, from below upward, with or without peripheral operations.

Similar distinctions should be made, I believe, as regards the different branches of the fifth nerve; for instance, the following case will serve as a good example:

Female patient in whom, in 1897, I resected the infra-orbital nerve, following it well back; the operation known as that of Wagner. Fifteen months later, I performed neurectomy of the inferior dental on the same side, trephining the ramus and avulsing the nerve. In 1899, I excised Meckel's ganglion by Carnochan's antral method for a recurrence in the distribution of the second division. A few months ago, on account of a similar recurrence, at the end then of nearly four years, I resected the second division within the cranium and interposed a piece of Lister protective. To this plan I shall refer later on. The ophthalmic division has been at no time affected, and the inferior maxillary distribution has now been free from pain for over five years.

Judging from my clinical experience it would seem that neuralgia affecting the first branch is rarely met with, or, more correctly, perhaps, rarely comes to the surgeon. They are usually migrainous or reflex in origin, or the "brow ague" of the English writers. As a matter of fact, I can recall but one case in which I have had occasion to attack this branch, and neurectomy of the supra-orbital nerve, together with a similar peripheral operation upon the infra-orbital nerve, resulted in what must be termed a permanent cure, as more than ten years have elapsed.

Equally pertinent to me have been my results after peripheral operations upon the third division. These have been done by deepening the sigmoid notch, opening the inferior dental canal, at times, and then resecting and avulsing the proxima-



stump of the inferior dental nerve and, when required, the adjoining lingual gustatory. Neither Dr. Bartlett, with whom the greater part of my neurological work has been done, nor I are aware of a single recurrence. Such an experience, of course, by no means proves that these results are universal, as the most superficial perusal of the literature will show, but still it points to a better prognosis after energetic peripheral attacks on the sensory portion of the inferior maxillary branch.

In marked contrast to the above observations is my experience with similar operations upon the superior maxillary, after which relapses have been nearly universal, and that after every form of extracranial attack, provided the usual period of relief has been passed, *i.e.*, from two to three years.

In the January *Annals of Surgery* of the current year, Abbé has a contribution which impressed me very favorably. He divides the temporal fossa vertically, to the middle of the zygoma, retracts the wound laterally, trephines the squamous bone, raises the dura and isolates and resects the second and third branches, interposing rubber-tissue to prevent regeneration. This is on the principle carried out by Chipault, who pushed the divided ends into the foramina rotundum and ovale and plugged the openings with gold. Some years ago, when Beach, of Boston, first suggested the interposition of gold-foil between the brain and dura to prevent anchoring of the former to the latter, I substituted for this, in my clinic and private work, Lister protective for the same purpose. I have now used it in quite a number of cases, enough time having elapsed to prove it to be innocuous, and, by the absence of symptoms of brain-anchoring, to demonstrate its efficacy. In two cases that I recall, on account of infection and slow healing, the protective worked itself out; in one instance several weeks, and in another several months afterward. Its durability was shown by the fact that it was unaltered. Should this method of Abbé's, as practiced by him and by those of us who are experimenting along the same lines, prevent nerve regeneration, some of the greatest bug-bears in the treatment of tic douloureux will be eliminated.

The operation of Carnochan, while easy of execution and not particularly deforming, has been, in my hands, invariably

followed by recurrence after the usual lapse of time. While lack of thoroughness may be ascribed as the cause, and that, too, perhaps, with justice, the same is true of the average deep, extracranial method, while those of Braun-Lossen and Lücke on Meckel's ganglion, of Mixter, to reach the second and third divisions in front of and behind the temporal insertion, respectively, of Krönlein and others, have, besides, the disadvantage of being complicated and difficult of performance.

It seems, then, that the extracranial work could be summed up as follows :

In supra-orbital neuralgia, after medical and other means have failed, excision of the nerve should be performed, including the supratrochlear, if deemed best, and this with a good chance of success, especially if the tic is not universal or ascending.

When the inferior dental distribution is affected, neurectomy with avulsion of the proximal stump, together with the lingual branch, if the tongue suffers as well, give reasonable promise of cure, with the above-mentioned reservation. Besides, there is no resulting paralysis of the muscles of mastication.

In middle tic, unless the other divisions are involved, the orbital operation appears to be the best first step, and the nerve can be excised and avulsed practically to the foramen rotundum. This is especially desirable when the upper teeth are implicated. As above stated, it is in this division that relapses most frequently occur, and the next step seems to be a simple, safe and accurate intracranial neurectomy.

As to the intracranial operations, they can be summed up as follows: (1) Neurectomy in front of the ganglion, (2) more or less complete destruction of the latter, (3) division of the sensory root alone, if possible, behind the ganglion.

Extirpation of the Gasserian ganglion in itself is an operation of such severity and danger that I only venture to recommend it after making my patients thoroughly aware of its possibilities. Injury to the fourth and sixth nerves, trophic changes in the eye, such as ulceration and sloughing of the cornea, hæmorrhage from laceration of the neighboring cavernous sinus, sepsis and shock, have all combined to give the operation a published mortality of from 20 to 25 per cent. It is claimed by some that were the unpublished cases known, this would be

raised to 50 per cent. Again, paralysis of mastication is an unpleasant sequela, and relapses have been noted in as many as 1 in 20 cases. The latter is due in all probability to imperfect technique resulting in incomplete removal, and Keen frankly points out that such recurrences occurred in his *first* two cases, and not in any subsequent ones.

Of the two routes followed in carrying out this procedure, the temporal is undoubtedly the one generally preferred; for, even in the experienced hands of its originator, Rose's operation has been followed by intracranial sepsis from a wound in the dura and rupture of the Eustachian tube, while the restricted field was probably the cause of a failure to completely remove the ganglion; hæmorrhage and imperfect illumination are also serious handicaps.

In the Hartley-Krause operation, I much prefer, as do a good many others, to make the opening by means of the trephine and rongeur forceps, rather than by the osteoplastic *trap-door*, so to speak, and some operators carry this plan to the extent of biting away the floor of the skull as far even as the foramen ovale. Instead of Abbè's vertical incision, I have turned down the soft structures of the temporal fossa on to the zygoma, which can be temporarily resected, if necessary.

Lastly, there remains the operation on the nerve-root back of the ganglion. As first practiced by Horsley, its avulsion arrested respiration for a time, and was very shortly followed by death, but, as modified by Frazier, its division is much safer and thoroughly practicable. I doubt whether the division can be confined to the sensory root, sparing the motor root, and, in the case operated by Frazier, both were divided with a resulting paralysis of mastication. This operation has the further advantage of not being followed by nutritive changes in the eye, the supposed trophic centres in the inner portion of the ganglion being undisturbed, and while the sinus and neighboring nerve-trunks are also less likely to be injured.

If Abbè's suggestion is borne out by time and experience, we, undoubtedly, have in it a simple, safe and exact method, admirably adapted to take the place at least of the deep peripheral operations undertaken, as the second step in relapsing neuralgia of the second division. The inferior maxillary can be equally well resected at the same time, if necessary. On



account of the close proximity of the ocular nerves and cavernous sinus, the ophthalmic division is isolated with greater difficulty and considerable danger, except close to the ganglion, where it diverges from them. In a universal tic, I would be inclined to prefer proximal resection of the sensory root, even if the motor is included, to attempted destruction of the Gasserian ganglion.

#### DISCUSSION.

CLARENCE BARTLETT, M.D., Philadelphia: The treatment of tic douloureux is in the beginning a matter for the medical man only. Later, when he has exhausted his resources, the treatment of the disease becomes surgical. In presenting my views concerning the medical management of this terrible disease, I would have it understood that my remarks are based upon the disease as I have seen it. Most, if not at all, of the cases coming under my care have been treated by their family physicians with varying degrees of success and failure,—mostly the latter, however, and, therefore, represent the most serious and obstinate examples of the disorder.

As to the possibility of a cure from medical treatment, I hold very pessimistic views. The most that can be expected is palliation. For this purpose, I am positive in my views that morphia, above all things, and the cold tar derivatives should be let most severely alone. The one drug capable of bringing relief is aconitine. It is of the highest importance that a good preparation of the drug be used, for I have seen dismal failure follow its use until a proper preparation of the alkaloid was obtained. The initial dose of aconitia should be  $\frac{1}{200}$  of a grain, three times daily. No attempt should be made to give smaller doses at shorter intervals. If this dose does not bring a certain amount of relief promptly, then four doses of the  $\frac{1}{200}$  of a grain should be given the next day; the third day, five doses may be given; on the sixth, the patient may take three doses of  $\frac{1}{100}$  of a grain each. If, at any time in the course of the treatment, the patient complains of the physiological action of the aconitia, as shown by tingling of the extremities, the dose should be reduced. The best results of the treatment are to be obtained by doses which fall just short of producing physiological action.

The experience, with this treatment, has demonstrated that

aconitia is capable of bringing about periods of relief from pain, oftentimes continuing for two or three months after the administration of the drug has ceased. Return of the pain and renewal of the aconitia again brings about relief. Finally, there comes a time when the patient's sufferings are such that operation must be performed. Concerning the results of these, my experience is in accord with that of Dr. Van Lennep. I believe with him that the simpler operations should be selected at first, for it sometimes happens that the ensuing relief is permanent.

When a case has reached that stage demanding the use of morphia, even for a very short time, an operation is imperative. If delayed, there is danger of forming the morphia habit.

I must, in closing, enter my protest against some of the makeshift surgical procedures advocated by some in the treatment of tic douloureux. I refer to tooth extraction, ocular tenotomies, intranasal operations, etc. If the case is truly one of tic douloureux, there is not the slightest possibility of these procedures doing any good, and they may do harm. If they should relieve, I would say that a diagnostic error had been committed.

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### STOMATITIS.

BY WILLIAM W. VAN BAUN, M.D., PHILADELPHIA.

(Read before the American Institute of Homœopathy, Boston, June 23d, 1903.)

STOMATITIS comprehends the several forms of inflammatory and ulcerative affections, involving the mucous membrane of the buccal cavity. It is a common malady in infancy and childhood, and is by no means rare in adolescence, and it is also found in adults, both young and old. The infantile frequency is attributed to characteristic anatomical, physiological and traumatic conditions. It takes four or five months of life to develop the function of the salivary glands, and the lack of saliva keeps the mucous membrane of the mouth comparatively dry, for up to this time there is little or no saliva; after the flow is established drooling instead of swallowing the saliva

will lead to drying and impoverishment of the membrane. Another mode of infection by means of the saliva rests in the fact that, the salivary glands are also excretory organs and at times they eliminate, by way of the mouth, irritating substances the stomach may have absorbed. The possibility of mechanical irritation and infection in infancy is easily appreciated, for the mouth soon becomes the receptacle for anything and everything, and disease may be communicated through the mechanism of sucking, or be directly introduced by the fingers of the infant or attendant.

A review of the literature of stomatitis shows an evident need for a decided reform in nomenclature, and for aggressive progress in the bacteriology of the subject. It is now some years since Rotch and Forchheimer brought forward their excellent classification of stomatitis; still "canker," "aphthæ," and a vocabulary of conflicting and misleading terms are the careless but effective shibboleth of much confusion. The multiplicity of names is easily understood and readily forgiven, but they should not be continued even by those most insistent upon an etiological grouping. It must be recognized that the organisms occurring in the mouth are numerous to the point of distraction, and that but few have been differentiated and established as the known cause of the specific disease in which they have been found, consequently, we are forced to adopt, for the time being, the name of the pathological lesion which exists in them.

In all diseases of the mouth in infants and children, the pathological lesion to be recognized is the existence of an inflammation; sooner or later it appears, so slight in some cases as to be difficult of detection, still it is there, and being present the authorities quoted above were fully justified in accepting and using "stomatitis," an inflammation of the mucous membrane of the mouth, as the name best adapted to describe all of these diseases.

There first subdivision of stomatitis into four groups, "catarrhalis," "herpetica," "ulcerosa," and "mycetogenetica," struck the keynote that brought harmony out of the distraction of discordant terminology. The subsequent divisions work out easily and naturally: First, the catarrhal is subdivided into simple, exanthema (following those diseases) trau-



matic, arising either from mechanical, thermal or chemical conditions. Second, herpetic or aphthous, suggestive of a parasitic origin not yet detected. Third, ulcerative, due to (a) scurvy, (b) mineral poisons, like arsenic, lead or mercury, (c) arising from other diseases. Fourth, appearing from established vegetable parasites, (a) hyphomycetica or thrush, (b) false membranous, associated or inceptive with diphtheria, tuberculosis, syphilis and similar diseases, (c) gangrenous or noma.

*Stomatitis Catarrhalis*.—Also recognized under the names of acute, simple, erythematous, pultaceous and traumatic stomatitis; is the mildest form, and in young infants is simply a hyperæmic condition of the blood-vessels causing a general diffused redness of the mucous membrane of the mouth; it is commonly found and lacks clinical significance were it not for the important fact that it is often the starting-point for some severer type of stomatitis.

This inflammation may appear in patches, presenting the erythematous appearance, with a surface drier than usual. It may be found to have invaded the entire buccal cavity taking on the true catarrhal type; with increased redness, more or less thickening, greater functional activity of the muciparous follicles, with some loss of epithelium, leaving the membrane whitish in appearance. Should the inflammation increase it extends to the underlying tissue, causing increased rigidity and stiffening of the cheeks, lips and tongue, with more or less involvement of the neighboring lymphatic glands, they becoming enlarged and tender. A similar condition of the mouth arises secondarily to the exanthemata.

The local causes of stomatitis vary with the age; the mechanical side is closely associated with uncleanness, rough and inadequate mouth-washing, or the abominable habit of prolonged nipple-sucking, particularly on imperforated nipples, or poorly-formed and dirty teats. Unclean feeding-outfits, unclean babies, unclean attendants and the difficulties arising from ineffectual sucking in cases of harelip and cleft palate, are all important causes. Food or drink given too hot, too pungent or too cold, or improperly prepared, the latter not being modified to meet successfully the requirements of the individual case, will not only mechanically irritate, but it will lead to an

impaired nutrition, and any agency depressing the general health and enfeebling the digestive apparatus will tend to stomatitis. It is found in the families of the well-to-do, when weaning is early, for the choicest and most scientific, artificial food, or the most skilfully modified cows'-milk, is a poor substitute for good breast-milk, and many infants soon develop anæmia or scorbutus. Later, disorders of dentition become a prominent factor, as does also mouth-breathing from nasal or post-nasal obstruction. For the part bacteria plays in this form of stomatitis, we must wait patiently upon future research and investigation, for present-day knowledge is not sufficient for an answer.

The symptom picture is interesting: The lips are unusually full and red, pain is a marked condition, there is heat, stiffness, discomfort and dryness of the mouth, with some difficulty on swallowing. If old enough, the saliva begins to flow increasingly and becomes acrid, excoriating the corners of the mouth; at times, it is viscid and flocculent, occasionally blood-streaked; the mucous glands of the cheeks and lips project, looking like pearly-white nodules or tiny cysts. The child is fretful, restless, hungry, unable to suck, and soon wastes and becomes feeble; frequently there is slight fever, some fœtor of the breath, and, as secondary conditions, there may be vomiting, diarrhœa and even convulsions.

The prognosis is good, running a safe course, there being no danger as long as nutrition is maintained. The treatment demands cleanliness, nourishment and a remedy homœopathically selected. Otherwise, serious difficulty may arise and the condition drift into a much severer type of stomatitis. Remove any local source of infection by using a cleansing mouth-wash, like borax, ten grains to the ounce, or a saturated solution of boric acid, or the chlorate of potash, five grains to the ounce, and an internal remedy like aconite 3x, belladonna 3x, arum triph. 3x, borax 3x, bry. 3x, kali chlor. 1x, or mercurius vivus 3x.

*Stomatitis Herpetica.*—Angina aphthosa; follicular; vesicular; canker. Here, again, we meet with a confusion of synonyms, many of which convey but little idea of the pathological lesion. Herpetica seems to be the proper term for use, as it comes nearest a correct word-picture of the lesion seen on the

mucous membrane, and the objection that it is not definitely settled to be a true herpes is of little importance. Most writers speak of the condition as aphthous, while follicular is falling into disuse, because it is recognized that the disease affects the contiguous tissue, as well as the follicle.

Aphthous stomatitis only develops in the mouth when the normal alkaline secretion has become diminished or vitiated through general disturbance. It is characterized by the presence, in any part of the buccal cavity, of numerous small, yellow or grayish patches, or superficial erosions, surrounded by a slightly-reddened base, which may run together, forming a good size ulcer, somewhat conical in shape, but unlike a true ulcer there is never an entire loss of the epithelium, and there is no pus. They suggest a parasitic origin, but no organism has been detected, and no cause, either local or general, has yet been discovered. An associate catarrhal stomatitis is always present. It occurs at any age; the usual assigned causes are imperfect hygiene, careless feeding, chronic digestive trouble, scrofula, rickets, phthisis, etc., resulting in certain deleterious influences acting upon the nerve-centres, producing an herpetic eruption of the mucous membrane closely resembling herpes of the skin. Cases are infrequently seen in persons who are apparently healthy. The disease may be ushered in with or without the prodromal constitutional symptoms usual in infancy and childhood. The mouth onset is sudden, being a catarrhal stomatitis, with an aphthous eruption appearing in any portion of the mouth, worse on the inside of the lower lip and on the tip of the tongue, occurring in groups or scattered separately anywhere. The aphthæ may even invade the pharynx, and rarely the larynx. There is pain and salivation, but no odor, if not complicated with stomatitis ulcerosa. The condition is self-limiting, lasting about ten days, unless the eruption comes in crops, when its course may be prolonged indefinitely. The termination is favorable, provided the infant or child is not greatly debilitated from other causes; in such a case the prognosis is necessarily guarded. The treatment is similar to catarrhal stomatitis, special reliance being placed in borax 3x and arum triph. 3x.

*Stomatitis Ulcerosa.*—Stomacace; phlegmonous stomatitis; phagedenic gingivitis; putrid sore mouth.



This form is only found in patients with teeth. It is of varying severity: so slight as to hardly call for treatment; so severe as to jeopardize life itself. It usually affects children between 4 and 12 years, but it is found in all ages. Poorly-nourished children with carelessly-cleansed mouths, living in bad environment, are especially predisposed. Infection or scurvy are the usual starting causes. While mineral poisons, like iodine, arsenic, lead and mercury (mercurial salivation), many of the acute diseases, measles, scarlet fever, whooping-cough, typhoid fever and malaria, and disorders of constitutional origin, syphilis, rachitis and tuberculosis, all favor its development. In fact, anything depleting the system and interfering with the nourishment, leading to anæmia, will give rise to stomatitis ulcerosa, and, on the other hand, it may come from a purely local cause, like a decayed, or sharp, jagged tooth. It is preceded by the catarrhal variety. Histologically, it is a molecular necrosis with a surrounding small-cell infiltration. The ulceration spreads superficially, differing in this respect from the much deeper-acting gangrenous type. The presence of a definite micro-organism is unsettled. Following a catarrhal inflammation of greater or less degree, a line of deeper involvement appears along the anterior free border of the gums, usually the lower; the line spreads; the mucous membrane puffs, the gums recede from the teeth, which may loosen and fall out; the gums bleed easily; then follows a yellow line or band of ulceration along the edge of the gums, rapidly growing wider and extending, and it may reach all parts of the mouth, but it seldom affects the soft palate. This softening and death of the tissue may go on until the periosteum is reached, and even produce a necrosis of the bone. This is unusual. The tongue becomes furred, marked on the edge with the teeth; the cheeks grow stiff and swollen, moving with pain and difficulty; saliva is increased, dribbling from the mouth during sleep, sometimes giving rise to an eczema on the chin. The submaxillary and tributary lymphatic glands are usually enlarged, but seldom suppurate. The breath and saliva may be horribly offensive; this arises from accumulation of putrid, muco-purulent discharges in the pockets of the receding gums around the teeth.

Aphthous stomatitis differs in that the primary lesion seldom,

if ever, appears along the free border of the gum of the lower jaw, and that it usually spreads to the pharynx, which ulcerative stomatitis never does.

The duration of this type varies with the severity of the attack; if properly attended to, ten days is sufficient, even in bad cases. The fœtor of the breath calls and receives early attention. The treatment is satisfactory; chlorate of potash, 2 to 5 grains to the oz., frequently used locally, rarely fails. Some patients are peculiarly susceptible to the action of potassium chlorate, so care must be exercised, and should the infant become drowsy, with suppression of urine, a weak heart and some cyanosis, omit the drug at once and use a strong solution of boric acid, or borate of sodium, etc. Cleansing the mouth with sterile water, especially after eating, is of great importance. A weak solution of peroxide of hydrogen is useful, and internally, baptisia 1x, arg. nit. 3x, merc. sol. 3x and hepar 3x are of marked efficiency.

*Bednar's aphthæ* is a traumatic, superficial ulceration on the palate of young infants arising from rubber nipples, or rough mouth-washing. Unless they become infected, they yield rapidly to cleanliness and a simple mouth-wash of boric acid in a 1- or 2-per-cent. solution.

*Stomatitis Mycetogenetica*—Three forms of vegetable parasites occur in or about the human body: bacteria, yeast fungi and mould fungi (schizomycetes, saccharomycetes, hyphomycetes).

The mycetogenetic changes in the tissues concern fungi products, and our special interest is in *stomatitis hyphomycetica*, commonly called thrush, sprue, soor, muguet; it is practically a stomatitis catarrhalis with a fungus growth, presumably of a parasite called "oidium albicans?" The fungus may be found on any of the mucous membranes of the body. It gives rise to characteristic white patches or flakes resembling minute pieces of curd, of varying sizes, on the dorsum of the tongue, the palate, and the inner surface of the cheeks, and may extend to the tonsils, pharynx and œsophagus, and the lumen of the latter may be nearly closed by the growth.

Thrush may attack healthy children, but it has a predilection for the weak and debilitated. It is conveyed by infection. It attacks the mucous membrane lined either with pavement or cylindrical epithelium. It requires considerable force to detach

the patches, owing to their being covered by a layer of epithelium. On removal they leave a raw surface, bleeding on slightest contact. The spots are due to spores which develop between the epithelial cells and then spread upwards to the surface and downwards to the connective tissue. There is no other change in the mucous membrane. The symptoms are at times so slight that the condition is only discovered by inspection. In most cases, however, there is pain, an associate catarrhal stomatitis and gastro-intestinal irritation. Sometimes the removal of the patches leave ulcers remaining difficult to heal.

The diagnosis is rendered easy by means of the microscope settling disputed points between milk-curd or other forms of stomatitis. The prognosis is good, private cases responding rapidly to treatment, provided debility is not too pronounced. Hospital and institutional cases are more rebellious.

The treatment calls for care and cleanliness. If the fungus exists it is to be wiped off every two or three hours with soft linen or an absorbent-cotton swab, saturated with a strong solution of boric acid, and the underlying raw surface thoroughly rubbed with the same solution. Permanganate of potash in the same manner is helpful. The constitutional condition is to be brought up to a good standard by diet, hygiene and medicines like *arum triph.* 3x, *æthusa* 3x and *ars.* 3x.

*The pseudo-membranous* forms of stomatitis, of diphtheria, tuberculosis, syphilis and similar diseases is a type of inflammation of the mouth, with the formation of a pseudo-membrane which is cast off in the course of a few days, leaving a raw, ulcerating surface. It is a rare condition, particularly so as a primary disease. The symptoms are not especially characteristic; pain, fœtid breath, increased saliva at times mixed with blood; lymphatic enlargement, etc. Should free hæmorrhage from the mouth be present the outlook is not good. The prognosis will naturally be guarded, especially in cases of diphtheric origin.

*Stomatitis Gangrenosa.*—Noma; cancrum oris; water-cancer. This is the rarest and most fatal form of stomatitis occurring in childhood, appearing usually in cachetic children between the second and eighth year. It is a gangrenous process, unilateral, as a rule, beginning on the gums and inner surface of



the cheek, and spreading with great rapidity to the adjoining tissue, perforating the cheek, and dipping deep and attacking the bone as well, destroying completely all the parts involved. It is not self-limiting and advances steadily until death relieves.

The healthy child ordinarily escapes; the unfortunate is the victim of dirt, overcrowding, neglect, starvation, or any state destroying the vitality and resistance of the child. Measles and typhoid fever renders the patient liable to the infection, and, at times, it follows ulcerative stomatitis. It is more common in damp, overcrowded countries, like Holland and India, and in damp seasons of spring and fall. The infectiousness of the disease is debatable, no micro-organisms having yet been found whose connection with the malady is a certainty. The claim that it is merely a local gangrene is not satisfactory when we consider the highly vascular tissue of the cheek, even if it is in a child, cachetic and of low vitality.

Owing to the rapidity of onset and progress the earlier changes that take place are doubtful; there are few constitutional symptoms; the first sign is a bleb or a blister on the mucous membrane of one cheek or gum, or it may only be an induration of the cheek itself. The slough forms rapidly, without hæmorrhage on separating, owing to previous plugging of the vessels with thrombi. The first symptoms noticed may be an intense foetor of the breath and saliva, with a slight involvement of the submaxillary glands, fever if present, does not run high, there is practically no pain, and but little discomfort, the pulse is always weak, soon becoming rapid and feeble; exhaustion is pronounced, being followed by collapse and death. If recovery should occur convalescence is tedious, and the loss of the involved tissue, with subsequent scarring, disfigures for life. The mortality is high, from 80 to 90 per cent. Septic pneumonia is a fatal complication.

Treatment must be prompt and efficacious. It is surgical, and calls for the removal of the whole of the gangrenous material and considerable tissue beyond the zone of involvement, either by knife or cautery. Earlier, as soon as manifested, cauterization with nitric acid or some equally strong cautery, first scraping or rubbing away the slough, then keeping the wound and exposed surface aseptic, may be of service. The child is to be isolated and supported with a simple highly nutritious diet and stimulants.

## IGNATIA IN SKIN DISEASES.

BY G. W. SPENCER, M.D., CLEVELAND, OHIO.

(Read before the Ohio State Homœopathic Medical Society.)

AFTER a careful study and close observation, for more than four years, of the effects of ignatia in skin affections, I have placed it among the most valued remedies at my command.

My attention was first attracted to the drug as a cutaneous remedy by using it, as commonly used, in functional neuroses, namely, nervous dyspepsia, with the accompanying mental symptoms, hysteria, symptoms following shock from grief or accident, also conditions following the intemperate use of intoxicants, *i. e.*, insomnia, twitching of the muscles, inco-ordinate mental operations after the immediate effect of the alcohol is passed. Also, the increased irritability of nervous tissue, besides cases in which there is an increased impressionability of the central portion of the nervous-system from whatever cause, and the consequent disturbance of organic functions.

The skin being the principal efferent organ, and consequently receiving, in a large measure, afferent impressions, its functions must necessarily be modified, and, finally, the organ becomes diseased, if these impressions are reflex from diseased conditions for any length of time.

The physiological action of the drug shows that it is eminently a spinal remedy, multiplying impressionability to such an extent that the animal poisoned with it is thrown into the most violent twitchings from the least disturbance of the surrounding media, or from a slight blow, which differs somewhat from the effects of the sister remedy—*nux vomica*. Thus the pathogenesis of ignatia points directly to its effect upon the skin, and the power it must exert in modifying the functions and correcting diseased conditions when coming within its field of action.

Whatever may be the cause of the disease, either specific or from any dyscrasia within the catalogue of etiology, ignatia will be found useful as an adjuvant to the indicated remedy,

removing, especially, increased irritability of the nervous-system, thus allaying symptoms that disturb the patient's rest, unbalances his mind and places him at variance with his environments. This particular office of *ignatia* is illustrated in specific skin diseases, in which the sensitive patient is most miserable, on account of the unsightly appearance and the usual disgrace attached to this disease, although the same sensitiveness is apparent in patients suffering from any disease that deforms them or draws the attention of people to their affliction.

The following cases from my clinic and private practice well illustrate the action of this hitherto unused skin remedy.

CASE I.—M. H., age 21. Bohemian. Large bones and strong muscular development, and apparently in good health. He came to my clinic because of a troublesome acne of the face and back especially. As he came into the room I noticed that he hung his head and carried a frown upon his brow, and when asked to remove his coat he did so with a jerk; and when asked questions he answered laconically, and appeared disturbed by the surroundings. History did not reveal that he had ever been sick; but that he had been a victim of masturbation, but within the last two years only occasionally had he practiced it. Complexion muddy, tongue white-coated and large, bowels normal, so far as could be determined. The acne was of the papular variety with much itching. Prescribed *ignatia* 2x five drops every three hours, and requested him to return in one week. He returned at the appointed time, and appeared before the class with head erect, a smooth brow and a smile upon his lips, looked me squarely in the face and said, "I am much better." The acne had improved and the itching, which was a prominent symptom, was much relieved. Continued the remedy for two weeks longer, only giving it twice daily, when he went to bed and before breakfast, and at the end of that time he was discharged cured.

CASE II.—Mrs. G. Married. Age 48. Comfortable surroundings, had a papular eczema on the back of the hands particularly, although spots would often appear upon the legs. The most annoying symptom was the itching. She was obliged to bandage her hands, she said, to keep the air from the skin, and keep herself from scratching. She had been treated for two years by several specialists and had used every known



local application without relief, and, finally, she was advised a change of climate, which she could not do.

When I called to see her I found the following conditions and symptoms: The patient sat in a rocking-chair, at a large window, rocking, and was the most miserable woman you can imagine. Her hands were bandaged, her face clouded with scowls and her tongue wagging at a furious rate. She knew she would go crazy, suicide had been entertained at times. She could not sleep, not only because of the itching, but every little noise or stir in the house aroused her from sleep; all of which indicated increased irritability of the nervous-system. She was also afflicted with bleeding hæmorrhoids, and from her description one would think barrels of blood were lost every day. I informed her I could not improve upon the local treatment, for I had the highest regard for the ability of the specialist who had been treating her, and the only hope I could give her was that, if I could select an internal remedy suited to her case, I might do more than the other specialists. I gave her *ignatia* 3x five drops in a little water every three hours, and told her to continue the lotion she had been using. At the end of ten days she was very much relieved, had removed the bandages, was sleeping better, and her husband said better natured than for a long time.

From that time until entirely cured she took the same remedy only twice daily, at night and in the morning. The tendency of this affection is to recur, and this case did not prove an exception. At its first reappearance the same remedy was given, with good result. The subsequent recurrences were of shorter duration, until for six months past there has been no return.

CASE III.—M. D., 53 years old, lawyer. History of intemperance, having at one time been a confirmed drunkard, but for the last ten years has been sober, although his life has been strenuous until within the last five years. He was troubled with pruritus for some four years, and especially for the twelve months prior to his coming to see me. The itching was so violent that it became very painful, which prevented him from sleeping, and when exhausted to the extent that sleep came in spite of the pain, he scratched the skin off his legs and head and other portions of the body which he could reach. Every

lotion known to medical science had been repeatedly used; but only temporary relief could be obtained, although, not infrequently, the disease had periods of quiescence, only to return with renewed energy. The success of treatment in this disease depends very largely upon the determination of the cause, and the range of causes being so wide, the prescriber is put on his mettle, perhaps, more than in any skin affection. The common definition is so sweeping that little idea can be conveyed. "A functional defect of innervation in which itching is the only symptom," describes the disease, but imparts but little idea of the etiology.

As in the case above cited, the itching being general over the body pointed to a general degenerative process. Also, in the absence of other symptoms and conditions, such as jaundice, disorders of the alimentary canal, such as dyspepsia, with or without constipation, "the gouty state," kidney disease, such as albuminuria, chronic Bright's disease, diabetes mellitus, hepatic derangements, whether functional or organic, and no parasites being in evidence, and the patient's condition in life being such as to rule out mental depression, we are left with only two alternatives,—either due to degeneration, as in senile pruritus, or to an increased irritability of the sensory nerves. In this case the probabilities are,—both conditions might exist in a measure. Upon the above conclusion I prescribed *ignatia* as the remedy the best indicated, for two reasons: First. If only a functional irritability, the remedy would surely relieve, if not cure. Second. If due to a degenerative process and consequently increased sensory disturbance, the remedy would be more effective than any other remedy for immediate relief, until other constitutional treatment could be established, and, as before stated, its power as an adjuvant cannot be too highly esteemed.

The patient has now been under treatment for six months without a change of remedy, and has improved very perceptibly in a general way, and the pruritus has longer periods of quiescence. This case illustrates the limit of the remedy, and further points out the specific use in skin affections.

## SOME UNSETTLED QUESTIONS.

BY ELDRIDGE C. PRICE, M.D., BALTIMORE, MD.

IN the April number of the *HAHNEMANNIAN MONTHLY* is an article by Dr. E. M. Howard, which was read before the Philadelphia County Homœopathic Medical Society, and discussed by a number of his fellow-members. The paper is far above the average "society" contribution, and, together with the reported remarks made in its discussion, furnishes food for reflection. In its preparation, the author, as is his wont, shows much thought and great care; he thinks definitely and concisely, and writes clearly what he thinks. He is working close down about the roots of what there is of a science of pharmacology, upon which is based the broad study of institutes of medicine.

While our views are harmonious at many points, yet it is possible to trace some amicable disagreement; and this must form the basis of these desultory remarks.

One point wherein such disagreement is possible is in the interpretation of the expressions of perversion of the physiological functions of the organism in studying drug-provings. It may not always be clear just where the effort of the organism ceases, or where the stage of inaction, of "rest," begins. In the effects of *podophyllum* cited by Dr. Howard, the constipated condition of the bowels, together with all other evidences of inactivity of hepatic function, certainly suggest the stage of inaction which follows the stimulated functional activity which is manifested in watery stools, colic, rectal prolapse, etc. Whether the division of the chain of functional activity, —into two kinds of action—made by Dr. Howard, is sufficiently accurate and clear to be used as a guide in the selection of the amount of *podophyllum* to be used therapeutically in similar conditions, I am by no means sure; especially as I have seen the third decimal dilution of this drug relieve bowel conditions in which the small intestines were most in evidence, and also other conditions in which the lower bowel was most decidedly involved.



There is no doubt, I presume, that a knowledge of the sequence of effects of a drug upon the physiology of the organism would be of assistance in practical therapeutics, and there is probably no doubt that the tendency of a given amount of a drug is always in the same pathogenetic direction; but there is no evidence that the chain of effects is complete in every experimenter. This is doubtless due, in part at least, to the greater or less sensitiveness of the various organs and tissues of the given experimenter to the drug. In one prover the liver may be first disturbed, in another the nervous-system, in another the mucous membranes, etc., each manifesting a different sequence of effects from the same amount of the same drug. Here, therefore, the type of individual human being is forced upon us as a factor in the problem of pharmacodynamics. It may, however, be possible to extract from the "provings" and "physiological experiments" of the same well-tested drug a general sequence of some of the main features of its power to pervert human physiology, but until physiological and ethological types of humanity (to say nothing of ethnological types) have been clearly differentiated, and a composite picture of physiological drug-influence upon these types has been framed, it will be impossible to formulate a reliable and unvarying chain of sequential pathogenetic drug-effects applicable to all cases. We may theorize from facts to metaphysics, and back again from metaphysics to facts, but in our practical observations either of provers of drugs or of the sick, we will find this sequence "only in some of its links or stages," as Dr. Howard aptly puts it.

I trust Dr. Howard will pardon me when I call attention to what I believe to be a fundamental mistake in his paper. He assumes that there is but one law of cure, while in point of fact—I think the case may be thus positively stated—there are two laws. The one is the law of similars, and the other is the law of dissimilars.

Quite a common misapprehension is, that the homœopathic relationship depends upon but one degree of resemblance between the drug-pathogenesis and the pathology of the patient to be cured; when, as a matter of fact, the degrees of relationship between the two sets of details to be considered may be anywhere from the faintest resemblance to the closest possible

similarity. Such being the case, it becomes obvious that two things, states or conditions, may differ from each other in various degrees, diverging from a point where there is little or no difference between them to a point of maximum dissimilarity, or, possibly, antagonism. It is hardly conceivable that the relationship of similars can be perfect—*i.e.*, no point of *difference* existing between the two groups of details to be compared—and it is hardly conceivable that the relationship of dissimilars can reach a complete extreme—*i.e.*, no point of *similarity* existing between the two groups of details to be compared. It would seem, therefore, that running through both these different relationships, there is a hint of the other, neither being complete without the other, and each existing because of the other.

It now becomes evident that if the law of similars may be applied to therapeutics so may the law of dissimilars; but whether or not both laws are equally efficacious is quite another matter.

Without here entering into details, there is no doubt, whatever, that the law of similars has been responsible for many curative results, and it is equally certain that the law of dissimilars has brought relief to the suffering. An illustration of the former may be found in the relief given by material doses of belladonna in acute inflammations of the mucous membranes, and of the latter in the use of equal doses of the same drug in constipation, due to impaired tone of the peristaltic muscles.

While it is generally supposed by believers in homœopathy that no cure is complete and permanent, unless made in accordance with the law of similars, yet I am by no means convinced that this is a fact. I do not know that a complete and permanent cure may not result from the application of the law of dissimilars. It may be that the application of this last-named law merely starts the cure, so to speak, and the continuation and completion of the work of restoration is due to the *vis medicatrix nature*. On this point, however, Dr. Dudley, in his discussion of Dr. Howard's paper, tells us that this idea of supposed normal recuperative power of the human organism has long ago been shown to be irrational. Be this as it may, there is no doubt that there is a power inherent in every organism

which, as Hahnemann says (Hering's translation of the *Organon*, sec. 9), "exercises an absolute sway and maintains all its parts in the most admirable order and harmony." It is this "immaterial vital principle" of Hahnemann, which, according to my understanding, is the *vis medicatrix naturæ*, upon which the healing of wounds depends, upon which the convalescent from any disease must depend for ultimate restoration to health, and upon which the hypnotist depends for a soil in which his suggestions are to take root, and without which not only man could not exist, but without which all organic life must cease. But to return to Dr. Howard's paper.

In relation to the dual-action of drugs, the author speaks of the confusion existing on this subject in the older school. He calls attention to the fact that the alleged primary and secondary action of drugs has to do only with pharmacology, and not with therapeutics, and that it is not possible to discover the physiological action of a drug except by experimenting upon the organism in a normal physiological condition, or in approximately such a condition. And he also states a fact when he says that it is necessary to study separately the pathogenesis and the therapeutics of drugs. All of this is in strict accord with scientific progress.

Exception must be taken, however, to the author's assumption that there are therapeutic uses of drugs which do not come under either homœopathy or antipathy. After what I have already stated concerning my belief in two therapeutic laws, it is only necessary to add the conclusion that every drug-preparation which gives relief to the patient, whether that relief be permanent or but temporary, causes the results in accordance with one or the other of these two laws.

Bearing on the subject of primary and secondary pathogenetic drug-action, the following is well worth noting: "I have been forced," says Dr. Howard, "to the conclusion that drug-action sets up a continuous chain of symptoms, whose apparently contradictory effects are but the natural results of disturbed physiological processes. These processes may be easily understood if we will but remember that the increased activity of over-stimulated organs must inevitably be followed by a period of reaction or inaction. It follows, therefore, that this so-called alternation of symptoms is really not so much a ques-



tion of drug-action as it is a test of our knowledge of intricate physiology."

This is certainly true; and not only is our physiological knowledge tested in a study of drug-pathogenesis, but our knowledge of how to interpret which of the detailed effects are evidences of *action*, and which are evidences of *inaction*. Certainly such knowledge is necessary if we would become familiar with the vital symptoms of the drug, which symptoms are certainly not those which Dr. Howard characterizes as reactionary or inactive symptoms, but those which must be differentiated as the *active* symptoms. We are also glad to find Dr. Dudley joining in this belief in the vitality of primary symptoms. In his discussion of Dr. Howard's paper he says, on this point: "The phenomena are those of (first) over-action and (second) diminished action,—first labor, then rest."

The vital point in this great problem of pharmacology, however, has not been brought out either by Dr. Howard or by anyone of those who discussed his admirable paper; the fact that it is the organism that acts when drugs are introduced into it, and not the drugs that act upon the organism. When this is recognized, some things become clear that are otherwise obscure.

If the universally accepted belief that drugs act be true, then why should there be a cessation of hostilities, so to speak, before all the force of the drug is expended? And if it is the drug that acts, why should its action be intermittent, or in opposite pathological directions?

As explained elsewhere, there are but two classes of agents that *act* when introduced into a vital organism, and they are, respectively, chemical agents and parasites. All other substances depend upon the inherent vitality of the organism for the effects following their introduction.

Accepting this view, we may readily see that the primary action of drugs, so-called, is simply the response of the organism to the substance whose presence acts as a stimulus to cell function, metabolism, if you please; and the so-called secondary effect is but a cessation of activity, "rest," as Dr. Dudley puts it, of cell function, or, more broadly expressed, of the organism.

Assuming this line of reasoning to be correct, we encounter

the problem which has agitated the medical world for many generations, which is: Are both these classes of effects to be accepted as of equal value to the student of pharmacology and, ultimately, to the therapist, or is either one of more importance than the other, and if either, which one?

As hinted above, the primary effects would seem to be the effects of real significance, and I am inclined to believe that in this opinion I am not materially differing from the views held by Drs. Howard and Dudley. Although the latter simply states his belief in the two states of the organism, one of activity and the other of inactivity, yet, as a logical sequence, he, no doubt, accepts the manifestations of activity as physiological perversions of paramount importance, and not the negative condition of "rest," which manifests nothing. And for Dr. Howard's belief in these primary symptoms, his whole article vibrates with the idea of an over-stimulated condition of the organism from which all drug-effects arise.

In proper sequence of thought the next point to be decided is, where to draw the line between these vital symptoms of drugs and the evidence of an over-taxed organism in a state of "rest,"—the effective or primary symptoms, and the inert or secondary symptoms. Dr. Howard tells us that "the effects of all drugs upon organs or tissues is one of irritation;" consequently, as long as it is possible to trace evidences of irritation of the organism, these evidences may be regarded as primary effects, or effects for the pharmacologist to suggest to the therapist as probably useful. All other symptoms which indicate that the organism is in a state of "rest," or are not manifesting a consistent pathological tendency—or pathogenetic tendency, if you please—may be regarded as secondary. This separation of the two classes of symptoms, as recorded in the pathogenesis of the average drug, is a most difficult task, because of the fact that few properly made experiments in drug-pathogenesis have been made. It can be done, however, as I have proved by making a number of such studies, but in this article I am dealing with general principles, and not with illustrative details, and so will say no more on this point.

In conclusion, I would say that I unite with Dr. Howard in the belief that "we have failed to properly appreciate the dual character of drug-usage at the bedside, not only as explana-

tory of the reason for using the drug, but also as determining the dose;" but this I would add, that if we wish to correctly appreciate such double action we must recognize the paramount importance of primary symptoms.

I also agree that it is true "in pharmacology that drug-action sets up a continuous chain of symptoms, interdependent one upon another, and which must be studied as a whole;" but, before doing this, it is necessary to recognize the fact that it is the organism that acts, and not drugs. I believe these two fundamental facts must be recognized before much further progress can be made in the science of pharmacology or of therapeutics.

And, finally, attention may be called to the fact that a law of therapeutics and a law of mechanics are not equally easy of demonstration. It is a simple matter to demonstrate the latter, because it is based upon an exact science; but the former depends upon too many variations in the personal equation to make it more than a strong probability based upon an approximate science.

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#### OPENING ADDRESS BUREAU OF CLINICAL MEDICINE.

BY WALTER SANDS MILLS, M.D., NEW YORK.

(Boston Meeting American Institute of Homœopathy, June 26, 1903.)

OWING to the illness of Dr. John W. Dowling, who had been appointed chairman of this bureau, I have become the acting chairman, and as acting chairman it becomes my duty to make the usual chairman's address at the beginning of the session.

During the past year there have been a few developments in clinical medicine, mainly in the way of etiology of certain diseases. Various bacteria have been isolated and assigned as causative factors in various pathological processes.

Prof. Doyen, of Paris, presented a paper at the Fourteenth International Medical Congress, held at Madrid, Spain, during the last week in April, on the etiology of tumors. He described what he called the *micrococcus neoformans*, an organism



which he believed to be the causative factor in new growths. Pure cultures were grown and inoculated in animals. They caused formation of new tissue by inflammation. He developed a toxin which, when injected into animals, gave a certain reaction.

Dr. Ramon y Cajal, of Madrid, at the same place, described what he called the *coccideus giganteus*. This had been isolated from sarcomatous tumors, and he believed it to be the specific cause of sarcoma.

Opposed to these men was Dr. O. Israel, of Berlin. He expressed his belief that tumors are the result of cytobiological conditions, and that they resulted from, or were, the result of a reaction to an unnatural stimulus. He did not believe in a specific germ origin of tumors.

An editorial written in the *Medical News* of May 16th reviews the work in this line of Prof. Lubarsch, of Posen, who is of the opinion that no specific germ has as yet been found for neoplasms. Although, from the many points in common that all new growths exhibit, he is of the opinion that such a thing is possible.

The same writer also quotes Hemmeter as inclined to the cytobiological theory of the origin of tumors.

At the Madrid Congress, Drs. Poynter and Paine, of London, presented a paper dealing with the cause of rheumatic fever. They isolated a minute diplococcus which is aërobic or anaërobic, which they presented as the specific cause of acute articular rheumatism. They claimed to have isolated it and to have made pure cultures of it. They also stated that animals had been inoculated with the laboratory product and had developed rheumatic fever, chorea and endocarditis. From the bodies of the rabbits on which these experiments had been made, after death, they had been able to again isolate the diplococcus from the joints, the pia and the valves of the heart. They believed that these experiments had fulfilled the requirements laid down by Koch as necessary before a micro-organism could be accepted as the specific cause of a given disease.

Dr. Paine argued from the same experiments that chorea and rheumatism were closely associated. This relationship has long been known by clinicians, but, so far as I am aware, rheumatism and chorea have never before been caused experiment-

ally by the same specific organism. It is only within the last decade that rheumatism has come to be regarded as an acute infectious disease. I ran across a patient this past winter, however, who told me that last year she had had a bad attack of acute articular rheumatism, and that she was very sure her little girl of 10 had caught it from her. The child was suffering from a bad mitral stenosis at the time of my examination.

Hauser, of Madrid, at the Congress, made a valuable contribution on malaria. He said the anopheles mosquito was not the only source of malarial contagion. He believed that the plasmodium could exist for an indefinite length of time in humid earth. He said the hematozoon might exist unknown and infect man by way of the air he breathed, or by way of the mosquito as an intermediary host. He believed that inhalation from the dried marshes, or drinking-water infected with the bodies of dead mosquitoes, might also infect man.

In the south and in the southwest of this country there are many cases of chronic diarrhœas and of chronic cachexias with anæmia that, for want of a better name, have been classed as malarias. Decided advances have been made in the past year or two in the investigation of these cases. Several intestinal parasites have been discovered and studied. These have been found to cause many of the chronic diarrhœas and anæmias, spoken of above, in place of the supposed malaria.

Stiles, of Washington, has been one of the leading investigators in this field, and he has described the *uncinaria americanus*. At the recent meeting of the American Medical Association at New Orleans, early in May, Dr. M. L. Price, of Baltimore, gave the result of some original work in the study of the *anchylostoma duodenale*. He reported that it was sometimes associated with the *uncinaria americanus* in producing profound anæmias.

In this connection it gives me great pleasure to announce that Dr. Chauncey E. Tennant and Dr. Giles F. Roosevelt, of Denver, Colorado, members of the American Institute of Homœopathy, have sent me a paper for this bureau on the *uncinaria americanus*. They have also forwarded a set of photographs of this parasite. They have been able to grow the uncinaria larva, the ova. So far as I know, this is the first time

that that has ever been done, experimentally, by any one, previous investigators having succeeded only in getting hold of the worm or ova, but not in reproducing them.

At the Triennial Congress of Physicians and Surgeons held in Washington, in May, diseases of the pancreas was the general subject discussed. Fitz, of Boston, reported that he had many times found extensive pathological changes in the pancreas after death, where no symptoms pointing to that viscus had existed during life. The most constant symptom pointing to disease of the pancreas was the presence of faecal fat and undigested muscle-fibre in the stools. This he believed to be pathognomonic.

At the same Congress, Osler called attention to a group of symptoms that he had noted a few times, and which he believed entitled to be classed as a new clinical entity. The leading characteristic was cyanosis due to polycythæmia, an excess of red blood-cells. There was no emphysema or heart-disease, but usually a slight amount of albumin in the urine. The red blood-cells in one case ran from seven to eleven millions; in another seven to nine millions. The hæmoglobin was as high as 165 per cent.

In the discussion that followed, Hare, of Philadelphia, Shattuck, of Boston, and Stockton, of Buffalo, reported having seen similar cases. They had not thought of calling them cases of a new disease.

An editorial in the *Medical News* suggested that this group of symptoms henceforth be known as Osler's disease. In a communication to the *News* a week or two later, Dr. Osler stated that Messrs. Saundby and Russel, in the *Lancet*, in 1902, had suggested that these symptoms constituted a new disease. He also stated that Vaquez, Cabot and McKeen had been the first to report such cases.

At the Congress of Pathologists held in Washington, in conjunction with the Congress of Physicians and Surgeons, Councilman, of Boston, announced his discovery of the cause of smallpox. In the lower epithelial layers of the skin of smallpox cases he had found certain cells that developed spores. These spores he believed to cause variola. The spores were found in the vesicles and pustules.

Since the announcement by Koch, in 1901, that bovine and



human tuberculosis are not intercommunicable, investigators have been trying to prove or disprove it.

In an editorial in the *North American Journal of Homöopathy* for February, 1902, I quoted some experiments reported in the *American Veterinary Review* for November and December, 1901. These experiments were made by Dr. John J. Repp, Professor of Pathology and Therapeutics at the Iowa State College. He found that animals fed on tuberculous meat or milk sometimes develop pulmonary tuberculosis without any intestinal lesions whatsoever. It has been the contention of those who disbelieve in food transmission that intestinal lesions must be found to prove food infection.

Repp also reported several cases of tuberculosis in veterinarians who had accidentally infected themselves while performing necropsies on tuberculous cattle.

A German journal later reported two butchers in a Berlin abattoir who had become infected with lupus, tuberculosis of the skin. These men were employed in transporting tuberculous cattle from the killing-room to the collecting-room of confiscated parts.

At the Washington Congress, Theobold Smith, of Boston, reported two cases of tuberculosis of the mesenteric glands, probably due to infected food. One case exhibited the bovine tubercle bacillus; the other exhibited the human tubercle bacillus. In cows inoculated with these bacteria the bovine bacillus grew rapidly; the human bacillus more slowly.

Kober, of Washington, at the same meeting presented eighty-six cases, collected from various sources, of intestinal tuberculosis in the human subject. They were all said to have become infected from tuberculous milk. Kober expressed the belief that the lymphatic form of tuberculosis, scrofula, was the form most frequently caused by tuberculous milk.

The various subjects that I have so far touched upon relate exclusively to diagnosis. In that branch of medicine advances are surely being made. But is it so in treatment?

The best that the dominant school has to offer to-day is in the line of serum treatment. This treatment is applicable only to the diseases caused by a specific organism. You are all familiar with the theory of serum treatment. The specific cause of the disease acts as a poison and produces a given train

of symptoms. After a longer or shorter time a natural antidote to the poison is produced, an antitoxin, which finally annihilates the disease germ and the patient recovers. Investigators in this subject are constantly at work in the endeavor to find an antitoxin for each disease; in other words, a specific for it.

At the present moment many antitoxins have been exploited. Only one has been of sufficient benefit to win many adherents. I, of course, refer to the antitoxin of diphtheria; and even that has many non-believers.

I have read recently that the serum treatment of plague has been abandoned in India. The deaths from that scourge have already this year exceeded three hundred thousand, more deaths than in any one whole year since the present outbreak began. The plague serum has failed to check it.

At the Madrid Congress, Josios, of Paris, reported his use of the typhoid fever antitoxin. He tried it on fifty children, with a mortality of 4 per cent. The general mortality during the same year was 14 per cent. Whether this will hold good with further use I do not know.

A writer in the New York *Medical Times* tells of the extensive work done in inoculating against typhoid fever during the Boer war. I have not studied the original reports, but from what the writer referred to has to say, I think the verdict might be "not proven."

Moser, of Berlin, also reported his use of a new scarlet fever antitoxin. It is produced by inoculating horses with streptococci and heart's blood taken from scarlet fever patients. After seven months, the horses are bled and the serum separated for use. Moser gives one hundred and fifty cubic centimeters at a dose. He reported the use of this serum in one hundred and forty-two cases, with a mortality of one-half of 1 per cent. In conclusion, he stated that the serum counteracts the vomiting. The delirium, the redness, the high pulse-rate and the temperature are favorably acted upon in one day. He also claimed that post scarletinal nephritis is prevented. His statements were severely criticised.

I have given you, in outline, the best that there is in the progress of medicine by investigators in the old school, during the best year. As a very prominent physician of my acquaint-

tance said to me a few days ago, a physician of the dominant school: "The progress is all in the line of diagnosis; nothing in treatment. We don't know a blank thing about treatment." I suggested homœopathy to him. His answer was: "I do not believe in specifics. There are no such things. Quinine is *not* a specific in malaria; the iodides and mercuries are *not* specifics in syphilis; antitoxin is *not* a specific in diphtheria. We know nothing of treatment." My friend showed that he did not know what homœopathy was. But he also showed the chaotic condition of old school therapeutics.

In homœopathy we have the only law of cure that is known to-day, "*Similia Similibus Curantur.*"

We are the custodians of it. We have a great trust. In time it must be accepted by all. Until then we, and those who succeed us, must see to it that it is not lost amidst the wilderness of unbelief. Our success will lie in the study of disease, in the study of the exact action of drugs on the human body, and in the strict application of our law.

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THE PHYSIOLOGICAL DIFFERENCES BETWEEN THE TWO SIDES OF THE CHEST.—(Squire).—The conclusions reached are:

1. In the majority of healthy persons, but not in all, the physical signs elicited on the upper part of the chest differ somewhat left from right.

2. The difference consists in the following: (*a*) The percussion-note is slightly less resonant and higher pitched on the right side; (*b*) the breath-sounds are louder on the right and the expiratory portion more marked; the character of the sound and the proportion between the length of the inspiratory and expiratory sounds is not modified in health; (*c*) the vocal resonance, especially in men, is more marked on the right side; (*d*) the vocal fremitus is more marked on the right side.

3. Of these differences, the increase in the vocal fremitus is, by far, the most constant. Differences in the percussion-note were only noted in half the cases examined.

4. The differences, except in percussion, are not so much alterations in the character of the signs as modifications in the transmissions of the sounds.

5. The modifications in the signs are apparently due to the direction and form of the main bronchus, which are not the same in the two lungs. The percussion-note modification may be possibly influenced by the thicker covering on the right side of the chest, but it is probably also dependent on the position and size of the bronchus.—*The British Medical Journal*, May 23, 1903.



## EDITORIAL.

## CHILD-LABOR.

WHEREAS, The employment of children interferes with their education, arrests their normal physical development, frequently undermines their constitutions, and leads to premature age and early death; it is, therefore, a menace to the public health and to the prosperity of the working people; therefore, be it

*Resolved*, That we, members of the *American Institute of Homœopathy*, in regular meeting assembled, hereby express it as our opinion that every State in the Union should protect its children by stringent laws, prohibiting labor before the age of 14, and restricting labor between the ages of 14 and 16; that the State laws should contain provisions to prevent their evasion, and that the compulsory education laws should be made to strengthen and support the child-labor laws.

*Resolved*, That it is the opinion of this body that in the near future the minimum age at which labor is permitted should be raised to 15 years.

*Resolved*, That we urge all State and county medical societies to use their influence in favor of enlightened child-labor legislation.

When we look about us and think of the numbers of human beings whose whole life is spent in labor, simply that they may continue to live, we would, from motives of pity, wish that such a round of endless toil might begin as late in life as possible. There are but few of us who are not in accord with the ultimate object to be furthered by the above action of the *Institute*, from an altruistic standpoint, and yet it is not so simple a matter as it seems. Unfortunately, this subject, like all others, has more than one side, and if "enlightened child-labor legislation" is to result from the agitation of this question, we should see to it that it be studied from all points of view.

Economic considerations must not be disregarded. In most cases where children are forced to work, it will be found that their meagre earnings form a very necessary part of the family resources. Here and there it has been discovered that the laziness or greed of the parents was the cause of compulsory child-labor, but these were rare exceptions; as a rule, a seemingly absolute necessity was the compelling circumstance. This dare not be left out of view, and in all attempts to abolish altogether child-labor, the effects upon the general welfare of the family demand recognition. We must be careful lest, in giving them something which we may regard as better, we do not give them a stone when they demand bread. Necessity knows no law, but law must recognize necessity.

A certain amount of exaggeration seems inseparable from the advocacy of any measure of reform. Allowance has to be made, no doubt, for indifference and lack of interest, and the circumstances which call for reform are, therefore, usually painted in the most lurid colors. It is unfortunate that this should be so, for by this overstatement of the case, by this wild generalization and unlimited denunciation many minds are antagonized and expelled, rather than attracted and convinced.

This wild exaggeration is not wanting in the above enumeration of the evils of child-labor. There is not the slightest recognition of the fact that child-labor may be of various kinds, and that what may, perhaps, be justly said of one may have no application to others.

The advocates of this reform would hardly be prepared to assert that labor by a child is in itself objectionable, of whatsoever kind it may be. We know that this cannot be so, for to the child work is the favorite form of play. There is an instinctive desire on his part to do, to create, to work. He pretends to be working, and his most absorbing amusement is that in which he imagines himself engaged in some labor. It is only when he learns to view work as a necessity, or when it becomes compulsory, that it becomes distasteful. Work, as useful employment, cannot be essentially objectionable.

But, perhaps, we are to restrict the objectionable employment to physical labor alone. If so, what amount of physical exertion must be present in order to constitute labor? Is there no difference between the labor as found in the workers in the

sweat-shops in the tenement districts of a large city, in the cigar factories in cities, and out in small country towns; in the factories of the textile workers, in the streets as messenger boys, in department stores as cash boys, in the fields as farm helpers, etc.?

Or is it the enforced application during certain hours of the day which constitutes the objectionable feature? Are the hours devoted to school and its duties no labor for the child? Again we ask, what constitutes the child-labor which is to be prohibited? There can be nothing more beneficial for the moral and physical development of the child than regulated systematized employment. Labor is not the curse which a false theology has made it out to be, but a blessing, by which alone man can become a helpful factor in the universal process of evolution going on about him. Only in labor of some kind can man find true happiness.

We see in this movement two elements at work which will, no doubt, result in legislation, but whether that legislation will deserve to be called enlightened remains to be seen. We can clearly trace the influence of the sentimental, generalizing female point of view, which, in order to remedy particular abuses, demands general laws, as well as the influence of the unions which fear the low-waged competition of child-labor. For the latter to prate of the evil effects of child-labor upon the children is as absurd as it is natural for the former to do so from limited observation. Where the school year comprises say eight months, how would the employment of children during the remaining four months interfere with their educations? What arrest of normal physical development could be traced to the employment of children for a limited number of hours as helpers in various trades, as messenger boys, on farms, etc.? Close confinement at school, enforced home-work, in preparing for recitations, the load of books to be carried to and from school have, in our experience, interfered much more injuriously with normal physical development.

Is not the "premature age" and "early death" ascribable altogether to the character of the employment, and not to the simple fact of their being employed? Is it not more natural to look to the home environments of those who are compelled



to work as the true cause of the dire results of their labor, rather than to the labor itself?

We throw out these hints and objections, which could be greatly extended and elaborated did space permit, merely to show that no legislation on this question can claim to be enlightened which does not recognize the differences in the various kinds of child-labor, both as to character, locality, time and concomitants.

This we will be told would be impossible, and we will find that eventually the underlying objection to the employment of children is the fact that it interferes with their going to school; we will not say, gaining an education. Very properly, therefore, the first resolution above demands, also, that "the compulsory education laws should be made to strengthen and support the child-labor laws." This must be done even if we are confronted, as here in Philadelphia, by the farcical situation of compelling the children by law to attend schools which have no room to accommodate them!

We will not enter here upon the question of the comparative advantages of going to school and of being employed, for we fear our views as to the great benefits supposed to be derived from our present system of public school education would be regarded as heretical by many, but we think, that in a question so momentous as the one under consideration, practical results, and not theories, should be allowed to have weight.

While, therefore, we are of opinion that child-labor should be regulated by law according to rational discriminations, we cannot convince ourselves that its universal prohibition is in the line of enlightened legislation.

*Laborare est orare.*

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#### THE BOSTON MEETING.

THE annual meeting of the American Institute of Homœopathy, held at Boston, can without hesitation be pronounced an unequivocal success. From a social standpoint, no local profession ever looked after the welfare of its guests as did the physicians of Boston. Even Philadelphia with its proverbial hospitality could not have done better. Hotel accommoda-

tions were excellent. The comfort of guests was earnestly studied and provided for.

Unusual interest was attached to the scientific sessions of the Institute, as this was the first opportunity for trying the "new plan," and noting its advantages and shortcomings. In every case in which the sessions were held under the auspices of one of the associated societies, the meetings were well attended, the papers read were of a high order, and the discussions interesting and instructive. Clinical medicine and materia medica suffered by reason of being conducted under the old method. While we can speak favorably of the papers read before these sections, we must confess ourselves disappointed over the weakness of the reports as a whole.

As in former years, the materia medica papers dealt with general subjects and theory. It is true that rational methods of work were planned. But why, oh why, do not some, at least, of the materia medica enthusiasts get down to practical work and give us something?

The defects of the section in clinical medicine will be corrected in future years, for already a movement is on foot to organize an association of medical men on the same lines as those which have made the Surgical and Gynæcological Society a pronounced success. This new organization will include any members of the Institute interested in medicine as opposed to surgery.

Politically, the atmosphere of Boston was very subdued, mainly because but one office was contested, that of secretary. We are sorry that any one should have seen fit to make such a contest, for the present incumbent has established a record for himself as a servant of the Institute difficult to surpass. In the first place, he brought the *Transactions* out within a very short space of time, and, in the second place, this remarkable result was attained at a saving of about \$1000, as compared with the cost of preceding years. In view of this, we think the move to elect a new secretary ill-advised, even though the candidate selected was personally all that could have been desired. The large majority given Dr. Gatchell showed that the Institute membership agreed with the sentiments we have expressed.

The present method of nominating officers is generally

recognized as about as unsatisfactory a one as can be adopted. Enacted to lessen political wire-pulling, it has had the reverse effect. An attempt was made to change the by-laws so that in future nominations shall be made by a Board consisting of the ex-presidents of the Institute. We are happy to say that this proposed by-law was tabled. The effect of such a by-law would be to take the electorate from the membership at large and place it in the hands of a committee constituted about the same year after year. Whatever changes which might ensue would be of the committee's own making. Thus would be established an oligarchy, the like of which does not exist elsewhere. The ability of such a committee to do good work is to be distrusted when we recall that some of its members have taken no interest whatever in the affairs of our national organization since receiving the highest honors within its gift. That individually there are numerous creditable exceptions to this statement, and these exceptions include men in whose keeping we could safely place the welfare of the Institute and permit them to rule as absolute monarchs, does not render the plan less objectionable.

The fact that the proposed law was amended to provide for nominations as at present did not weaken the objections to nominations by the Board of Presidents. Such nominations would be regarded by the unthinking as irregular, and would receive but little support.

Dr. Joseph P. Cobb made an efficient presiding officer. In Dr. Sutherland he finds a worthy successor.

Certain forms of nonsense creeping out in discussion should be eliminated in future, if it is possible. What sense there is in dragging in Sir Isaac Newton as the discoverer of the movement of the earth around the sun, and other equally unscientific untruths, passes our comprehension. Unfortunately, members of the Institute are too polite to laugh such debaters(!) off the floor. Perhaps such men are too thick-skinned to feel the darts of ridicule.



## TETANUS AND THE TOY-PISTOL.

PROMINENT among the Fourth of July casualties are the numerous cases of tetanus resulting from wounds produced by the toy-pistol. Nine cases have already been recorded in Philadelphia, and nearly forty in the State of Pennsylvania. Notwithstanding the grief which has in consequence overshadowed many homes, it is a satisfaction to note that the authorities propose to take vigorous steps for the punishment of the shop-keepers who sold the toy-pistols to the victims.

But we think there is still another lesson to be derived from the lamentable accidents, and that is the importance of cleanliness in the treatment of apparently insignificant wounds. A few years ago we said, editorially, that tetanus following vaccination was due entirely to post-operative infection with the tetanus bacillus. Experiments have demonstrated that there is nothing *per se* in the toy-pistol or cartridges to infect with tetanus. But the wounds produced by these articles offer a favorable site of infection, infection made all the more probable by the tendency of the small boy to get his hands as dirty as possible in the course of his Fourth of July celebrations. Dust and dirt, as we all know, is a favorite lodging-place for the tetanus germ.

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## IN MEMORIAM.—THE PHILADELPHIA MEDICAL JOURNAL.

THE Philadelphia *Medical Journal* is no more, having departed this life June 20, 1903. Its subscription and advertising patronage has been inherited by the New York *Medical Journal*. This change of journalistic affairs has been called a "consolidation."

Coming at this time, the suspension of publication of the Philadelphia *Medical Journal* was a surprise to us. Three or four years ago its subscription-list was alleged to require five figures for expressing it, and numerous reports were in circulation to the effect that its numerous agents had been adding to

the same to the number of six or seven hundred new subscribers monthly.

The Philadelphia *Medical Journal* was started with a two-fold object. One of these was to give Philadelphia a medical weekly, of which it at that time had none, and the second was the publication of a medical journal free from commercial influences, it being presumed that *all* (*sic*) medical journals previously published were not controlled in the interest of the profession, but in that of coin-loving publishers.

A very large sum of money was invested to establish the new journal. But things did not go right. The treasury was gradually emptied. It was replenished; and presumably again emptied, or why the suspension of publication?

And now the consolidation! One would have thought the owners or trustees would have made a will in favor of the sole remaining Philadelphia medical weekly! For the Philadelphia *Medical Journal* was a self-appointed trustee of Philadelphia medical interests! *No; it made a will in favor of New York.* The legatee is a journal controlled by a business man. Considering the principles upon which the Philadelphia *Medical Journal* was founded, *the journal should have gone to the next of kin, a journal "founded, owned and controlled by the medical profession of America."*

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TRAUMATISM AS A FACTOR IN THE ETIOLOGY OF PULMONARY TUBERCULOSIS.—(Weir.)—The thought that tuberculosis of the lungs is associated with traumatism to the chest-wall is one worthy of considerable attention on the part of the practitioner, for do we not often see the results of traumatism in tubercular disease of bones and joints.

The question of traumatism receives first thought when dealing with tubercular lesions elsewhere, but when it comes to a lesion in the lung, that etiological factor is lost sight of. That they are related cannot be denied, for it is admitted by many observers. The lung may suffer in the contusion as certainly as the chest-wall and pleuræ, and with a pleurisy as a primary lesion a serous inflammation may be set up in the lung and afford a suitable nidus for the tubercle bacillus. This bacillus requires more or less stagnant air for its growth, which is slow, the apices being the favorite site. There is limitation of motion and, consequently, lung inactivity. With a traumatism to the pleura there is resulting thickening and adhesions, which render section of the lung inactive and the air more or less stagnant, giving you really a veritable apex. Is it, then, unfair to assume that these various constricted, or "interfered with," patches of the lung may become the seat of a tubercular lesion?—*The British Medical Journal*, May 23, 1903.

## GLEANINGS.

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REMARKS ON THE OPERATIVE TREATMENT OF CHRONIC FACIAL PALSY OF PERIPHERAL ORIGIN.—(C. A. Ballance, H. A. Ballance and Purvis Stewart.)

—This article deals with the uncured cases by performing an anastomosis between another healthy nerve and the distal segment of the paralyzed facial. The rationale of this operation is largely based on the conclusions reached, in which it has been found that regeneration occurs in the distal segment of a divided nerve, even if separated from the central. This regeneration does not become mature unless the proximal and distal segments are united, which permits of impulse transmission between the nerve-centres and the periphery. If regeneration occurs in the distal segment itself, no space of time should be too long for attempted union, so long as any muscle-fibres survive, which might be enervated by the regenerated and reunited nerve. In one of the cases cited, the paralysis had existed for three years, and yet recovery subsequently occurred, and they see no reason why this limit might not be exceeded, providing the muscle-fibres are still present to be enervated by the recovering nerve. The method of procedure is as follows: The muscle-fibres are first stimulated by galvanic stimulation, to be positive, if they still survive on the paralyzed side. The facial-nerve is then exposed at its point of exit from the stylo-mastoid foramen, the nerve-trunk then being severed as high as possible. The spinal accessory-nerve is then exposed, its sheath incised at a convenient level, for its union with the divided facial, and the distal segment is then fixed by fine silk sutures into this incision.

After wound-healing is complete, the muscles on the paralyzed side are for months daily stimulated by galvanism, until faradic excitability reappears, when faradism is substituted. One of the invariable immediate results is the production of a temporary palsy of the sterno-mastoid and the upper part of the trapezius, due to affection of the spinal-accessory, this clearing up completely in all cases. If, prior to operation, the paralyzed muscles have developed contracture, no matter of how slight a degree, they at once become flaccid. Motor-power after operation returns before faradic excitability, faradic excitability not appearing at times until a lapse of nine months. So far, in facio-accessory cases, no independent movement of the face has been observed, unassociated with that of the trapezius and the sterno-mastoid. The conclusions laid down are as follows: 1. Peripheral facial palsy is remediable by facio-accessory anastomosis, but the extent of recovery appears to be limited to associated movements, in conjunction with the shoulder. In most cases the previous deformity disappears when the face is at rest. 2. Facio-hypoglossal anastomosis is recommended, rather than the facio-accessory, as it is advisable to make an anastomosis with some healthy nerve, supplying muscles, whose cortical centre is nearer to the face-centre than in the case of the shoulder. The hypoglossal nerve and cortical tongue-centre fulfil these



requirements. 3. The cases suitable for operation are those in which the paralysis has lasted so long that no recovery is to be expected, say six months' duration. The sooner the operation is performed after this date the better. 4. A suppurative causal condition, producing an infective neuritis, renders the prognosis after operative treatment less favorable than in cases due to trauma.—*British Medical Journal*, May 2, 1903.

Bernard E. Bigler, M.D.

FORMALDEHYDE IN THE TREATMENT OF TUBERCULOUS LARYNGITIS.—At a recent meeting of The Boston Homœopathic Society, Dr. Rice related the details of a remarkable case of this disease in which a cure had been effected by the persistent application of formaldehyde, in solutions from one-and-one-half to three-per-cent. strengths. The number of treatments was 110, given at first by the physician and later by the patient herself. The speaker felt great confidence in this remedy. He stated that in cases showing great sensitiveness it was better to spray with a 2-per-cent. cocaine solution before using the formaldehyde solution. Cocaine probably does harm, as there is generally a reaction in the nature of an irritation, therefore, as soon as it can be discarded, the better. To illustrate that formaldehyde is really not so dangerous as has been supposed, the speaker related the case of a patient in whom a forty-per-cent. solution had been used by mistake. Its application caused great distress and pain, but after the irritation passed, the larynx looked as well as before.—*New England Med. Gazette*.

ACUTE AMAUROSIS FOLLOWING INFANTILE CONVULSIONS.—(Ashby and Stevenson.)—A general discussion of the subject is gone into and five cases are reported. Their conclusions are as follows: (1) There is a form of amaurosis, which occurs in infants or young children, which is post-convulsive, due to anæsthesia of the visual centres; (2) the convulsions, which may be due to various causes, are apt to be severe and accompanied by coma; (3) the amaurosis may be associated with an aphasia and paresis of hemiplegic distribution; (4) the hemiplegia may be permanent; (5) the amaurosis is for the most part transient; (6) it is possible that in some instances there is a hemianopia.—*The Lancet*, May 9, 1903.

William F. Baker, A.M., M.D.

ON THE INFLUENCE OF THE X-RAYS ON EPITHELIAL TISSUES, PRINCIPALLY CANCER.—Dr. Perthes, of Leipsic, at the recent Thirty-second Congress of the German Surgical Association, reported the results of his investigations on this subject. Noticing that a wart on his hand after exposure to the rays disappeared, he tested its influence on eighteen patients. He covered one-half the wart with a leaden plate, leaving the other half exposed. In sixteen the portion exposed hardened and was eliminated in the form of a scale, leaving a thin layer of skin, which in a few days became normal. In two cases the reaction was intense and led to the formation of a transitory vesicle. Pieces of the skin excised and examined showed the action of the rays to exert itself chiefly on the epithelial cells, it being characterized by a disappearance of the papillæ. This undeniable influence on the epithelial cells led him to investigate their action on skin cancers. He noted a very striking effect in a case of recurrence after an operation for rodent ulcer. The disseminated nodules flattened out at the end of eight days to form small and superficial ulcers which rapidly healed over. The ulcerated portion of the

neoplasm became covered with healthy granulations and healed in fifty days. The disappearance of the cancerous tissue was confirmed by a histological examination. Similar results were obtained in recurring superficial cancers of the breast.

In deeper cancers the action of the X-rays is denied by most writers, and, indeed, it is less striking, yet a certain influence is exerted for the tumors, and the œdema of the arm diminish, while the cancerous tissue almost wholly disappears, as was verified by a fragment of the growth which was submitted to histological examination. Besides he has found that warts covered with a layer of skin from a cadaver may be influenced by the X-rays. Certain tubes emit very penetrating rays, while others produce rays which are absorbed by the superficial layers of the tissues. Hence, the former should be employed in the deeper, the latter in the more superficial growths. As the effects of the rays does not become manifest for seven to fourteen days, one should be cautious in exposures, in order not to get a cumulative effect. These results have led the writer to investigate the effects of the X-rays on normal cicatrization. He denuded an area on each ear of a rabbit, exposing one to the rays while the other was allowed to heal uninfluenced. He concluded that they have a retarding effect on young epithelial cells, both normal and cancerous. Prof. Lassar presented a patient whom he had cured of a canceroid of the temporal region by the Roentgen rays. He advises employing tubes of moderate penetrating power, avoiding all apparent reaction in the treatment of chronic œdema of the hands. Dr. Kuemmell, while recognizing the aid which these rays have in curing cancer, asserts that they may even cause cancer. He mentioned the case of a patient of his who was employed in a large factory where Roentgen tubes were manufactured, whose work consisted in controlling the degree of vacuum in the tubes. He refused to take the necessary precautions. He became affected with a generalized dermatitis, with ulceration of the forearm. The ulcer became cancerous and his arm was amputated. He later became affected with a double cataract.—*La Semaine Medicale*, No. 23, 1903.

Frank H. Pritchard, M.D.

TREATMENT OF CANCER BY THE X-RAYS.—Prof. Robin, at a recent meeting of the Academy of Sciences of Paris, read a note from MM. Doumer and Lemoine, of Lille, on the case of a man of 64 years who presented all the signs of a cancer of the stomach, while a tumor could be distinctly felt attached to the greater curvature of this organ. All the symptoms disappeared after five exposures to the Roentgen rays. Another case observed by them was that of a woman affected with hæmatemesis, who had lost considerable flesh, and in whom a small tumor was detected in the region of the stomach. A month after treatment by radiotherapy the growth was no longer perceptible to palpation. Along with these fortunate cases they reported a number where the results were not so good. Therefore, though the possibility of an error in diagnosis is possible, yet such cases should not be rejected without deliberation.—*La Semaine Medicale*, No. 23, 1903.

Frank H. Pritchard, M.D.

CAUSES OF DEATH AFTER OPERATIONS.—Dr. Ribera y Sanz, of Madrid, at the recent meeting of the International Medical Congress, divided these cases into the following groups: 1. Faulty operations, mistakes in diagnosis. 2.

Complications due to the operation itself, as infection, embolism, hæmorrhage. 3. Post-operative complications dependent on the organ operated upon, as great loss of cerebrospinal fluid, injuries to the nerves during operations about the neck, pneumothorax, post-operative occlusion after surgical interference on the intestine, gangrene after extirpation of aneurysms, etc. 4. Death from diseases of other organs, or in consequence of the poor general condition of the patient, as uræmia, diabetes, metastases to internal organs from external malignant tumors, etc. 5. Intercurrent diseases as bronchopneumonia, angina pectoris, diphtheria, cerebral hæmorrhage, etc. Attention was called to the rapid dissolution which may follow operation on tuberculous organs.—*Berliner Klinische Wochenschrift*, No. 21, 1903.

Frank H. Pritchard, M.D.

ON THE DIFFERENTIAL DIAGNOSIS OF "EPULIS."—Dr. Haderup, of Copenhagen, at a meeting of the Medical Society of that city, demonstrated a number of growths from the alveolar process of which had been removed from various patients, with radiographic pictures to demonstrate the varying composition of the so-called "epulis." Greatest in frequency is fibrosarcoma which, as a rule, originates in an interdental papilla, and which appears most frequently to originate from the bottom of the fissure between the teeth. Its development seems to be favored by the presence of a lymphoid space. This view was verified by several microscopic specimens. Ten specimens of "epulis" were demonstrated. As to the differential diagnosis there were demonstrated typical cases of abscess of the palate, hypertrophy of the gum, a cyst about the root of the tooth, a dentigerous cyst from a superfluous tooth, a cyst of the dental sac, an enossal cystosarcoma taken for a cyst about the root of the tooth, a normal tooth undergoing development mistaken for a cystosarcoma, a fibroma, an osteoma and an epithelioma. Yet all these had been diagnosed as epulis.—*Hospitalstidende*, No. 15, 1903.

Frank H. Pritchard, M.D.

TREATMENT OF WHOOPING-COUGH.—(Kilnier.)—The writer concludes:

(a) Whooping-cough is a self-limited disease, and runs its course in the same way as does a pneumonia.

(b) The application of an elastic band to the abdomen and thorax is a most effective measure in the treatment of this condition.

It is indicated in the prolonged attacks with severe paroxysms. A stockingette band is placed in the same manner as is done by orthopædists before applying a plaster-of-Paris jacket. It extends from the axillæ to the pubes, and fits the baby snugly. Two shoulder-straps are used to prevent the band from slipping down. Upon this stockingette a single width of elastic bandage is sewed, extending entirely around the body and covering the abdomen. The bandage is sewed on when partly on the stretch.

This belt is copied after the old sea-sickness belt and is used to control persistent vomiting, which it usually does. The most obstinate cases of vomiting have been benefited by its use, and when the bandage is applied around the chest, the hardened and most prolonged paroxysms of coughing seem to become milder and less severe. The only disadvantage is an eczema of the skin following its use, but this usually clears up promptly when the belt is removed.—*New York and Philadelphia Medical Journal*, June 20, 1903.

William F. Baker, A.M., M.D.



**BLOOD-SPREADS AS ROUTINE MEASURE.**—(Wallace.)—In a very short note the writer emphasizes the necessity for routine blood examination as one would take pulse and temperature in all cases. The cover-glasses should be washed in soap and water, followed by a solution of acetic acid and alcohol. Then they are wrapped in filter-paper and kept for use. Some little experience is needed at first to properly make the spread, so as to have a layer of equal depth. After making spreads they may be taken to the office and stained with Wright's stain, the fixation occurring at the same time, because of the methyl-alcohol contained in the stain. The spread is to be mounted in balsam and examined.

Roughly speaking, the following conditions may be detected: poikilocytosis, degenerations, normoblastic eosinophilia, malaria, deficient number or any change in number.

Perhaps the strongest point is the fact that routine examinations will give place to more thorough investigation.—*American Medicine*, April 11, 1903.

William F. Baker, A.M., M.D.

**ONE OF THE DANGERS OF INJECTING GELATINIZED SERUM SUBCUTANEOUSLY.**—Prof. Dieulafoy, of Paris, at a recent meeting of the Académie de Médecine, called attention to the dangers of tetanus complicating hypodermic injections of gelatin. In a woman with repeated hæmoptysis from a pulmonary tuberculosis, who received a hypodermic injection of gelatinized serum, death followed, after eleven days, from tetanus. A few drops of pus from the site of punctures, as well as the gelatin itself, revealed the bacilli of tetanus. Animals were injected which died later of the same disease. He asserts that up to the present time twenty-three persons have died of tetanus after hypodermic injections of gelatin. He advises, in order to prevent such accidents, to have the animals destined for the preparation of gelatin under observation, and to disinfect everything coming in contact with them, as well as the gelatin itself. Prof. Hayem said that subcutaneous injections of salt water would give fully as good results, without exposing the patients to the dangers of lock-jaw.—*La Semaine Médicale*, No. 19, 1903. (One might try, instead of giving the gelatin by the mouth, Prof. Wright's remedy, to increase the coagulation of the blood, by the chloride of calcium. Good results have been reported from it. Clifford Albutt recommends it in his *System of Medicine*. I know of a case of purpura hæmorrhagica which, though a fatal termination seemed inevitable, yet a cure was brought about by the chloride of calcium and gelatin, administered together, internally.) (The seriousness of such a disease renders these drugs well worthy of being kept in mind.)

Frank H. Pritchard, M.D.

**A BACTERIOLOGICAL INVESTIGATION OF INFECTION OF THE BLADDER, WITH ESPECIAL REFERENCE TO CHANGES IN THE BACTERIAL CONTENTS OF THE URINE.**—Dr. R. Faltin has made a number of extensive researches on this subject. He proceeded from the fact that vesical infection is rarely due to one single kind of microbe, but to many. The influence of the bacterium coli on other microbes was particularly investigated on account of the differences of opinion of the various investigators, Rovsing on the one side and Krogius, Albarran, etc., on the other. Rovsing asserts that though the bacterium coli is most often present in the urine of cystitis in greatest numbers, yet, far from being most pathogenic, it serves to hide and kill by its presence

the real pathogenic bacteria. Thus, by a certain antagonism in certain cases of ammoniacal cystitis, it may serve to change a malignant into a benign case. He examined, in Krogius' clinic, in Helsingfors, Finland, eighty-six cases of urinary infection, as cystitis, pyelitis, calculi, tumors, urogenital tuberculosis, with or without secondary infection, with the greatest care, using all antiseptic precautions. Infection with the staphylococci and streptococci is most often observed at first; these bacteria frequently disappear and various combinations of micro-organisms are noted. The bacterium coli is the most frequent "guest" in the bladder and the most difficult to expel. The bacillus pyocyaneus has, however, the greatest tendency to starve out other germs and to persist in almost a pure culture. The acute cases present in two-thirds a coccic infection, the chronic ones in less than one-quarter. Pure cultures are most frequent in acute cases; in older cases the bacillus of blue pus is the germ most often detected in a pure culture. Most of his cases were in men, about one-sixth in women. Primary colicystitis is most often noted, chiefly due to infection through the urethra. As to the reaction of the various bacteria to internal and local treatment, he has found urotropin to have a decided influence on those bacteria which are stained by Gram's method, but little influence on those decolorized after Gram. Salol has the opposite action. As to the action of different germs on each other, though such an action is probable, yet he has not added much to our knowledge. He thinks that by introducing a harmless one, as the bacillus uræa subtilis, one may render the urine unsuitable as a soil for pathogenic germs. Unfortunately, the slides and the cultures do not always reveal the same germs, for in the latter the micro-organisms most numerous crowd out the lesser in number by their more luxuriant growth.—*Hospitalstidende*, No. 19, 1903.

Frank H. Pritchard, M.D.

TO DISGUISE THE BITTER TASTE OF QUININE.—Dr. Borde advises, in administering quinine to children, to rub it up with olive oil; for example, 1 gm. of the remedy with 8 gms. of olive oil. This may then be taken in milk, without in the least noticing the bitter taste. Such a mixture he has found of service in giving the drug to children. Twenty drops correspond to 5 cgms. of quinine.—*Ibidem*, No. 20, 1903.

Frank H. Pritchard, M.D.

FŒTID BREATH IN GASTRO-INTESTINAL DISEASES.—Dr. Rosenheim, in such cases, treats the original disease by seeking to obtain a daily evacuation of the bowels by mineral waters containing Glauber's salts, as well as by a diet of milk and vegetables. Meat is given but little, and usually as white meat; eggs, also, and the whites alone, with milk, carbohydrates, fruits, fatty foods and green vegetables, with a care to avoid those rich in cellulose. He would look for the cause of fœtor of the breath in a decomposition of albuminoids in the intestines, and especially of those of meat and eggs, less that of casein. Either the quantity of the products of decomposition is increased, or the organism does not combine them as rapidly as it should; hence, they are absorbed, are excreted through the mucous membrane of the lungs and give rise to fœtid breath. Though he cannot prove this, yet treatment seems to confirm it by its results.—*Hospitalstidende*, No. 17, 1903.

Frank H. Pritchard, M.D.

**TREATMENT OF SYNDACTYLIA BY A NEW METHOD.**—Dr. Petroff, of Sophia, in such cases, after disinfection of the hand, pierces the interdigital membrane with a Hagedorn needle, threaded with heavy silk, in ten or twelve places, about 5 to 8 mms. apart. The thread is then wound loosely about the finger and an antiseptic bandage applied. After three or four days the threads are moved daily in the suture canals, so that by the end of fifteen to twenty days the raw surfaces have become covered with epidermis and the fingers separated by these twelve little openings. At the end of fifteen to twenty days the first bridge of skin is divided by the shears, five days later the second and so on until all are separated. After every division the fingers are dressed with iodoform gauze, on a pasteboard splint. Later, massage and passive and active movements. Instead of dividing the bridges of skin one may cause them to be cut through by ligatures, which will fall off in four to five days. At the interdigital fissure, where healing is slowest, he has employed Thiersch's transplantation of a flap of skin with good results.—*Berliner Klinische Wochenschrift*, No. 21, 1903.

Frank H. Pritchard, M.D.

**TREATMENT OF CORNEAL OPACITIES BY INSTILLATIONS OF THE BENZOATE OF LITHIUM.**—Dr. Mazet, of Marseilles, proceeding from the fact that corneal opacities often contain calcareous deposits, he sought to find some substance which would dissolve out the lime salts without damaging the cornea. He tried the salts of lithium, preferably the benzoate, on account of its solubility in water, and as thus one obtains the action both of the benzoic acid and the metalloid itself, which has been successfully used in calcareous nodosities in gout, chronic rheumatism, etc. The remedy should be prescribed as a collyrium, 25 cgms. to 1 gm. in 10 gms. of water. The drops may be used three times a day, and even if continued for a long time do not have the least untoward action. They may be given to the patient and dropped in by him.

This measure is indicated in all opacities where the phosphate or the carbonate of chalk is suspected to be present in the scar. As it is a good solvent of uric acid and the urates it may be used with success in the treatment of keratitis of gouty origin.—*La Semaine Médicale*, No. 23, 1903.

Frank H. Pritchard, M.D.

**ACCIDENTS DUE TO LEECHES.**—Dr. Kojonharoff, of Sophia, reports two interesting cases where in one a leech was swallowed and clung to the walls of the œsophagus, while in the other case the animal wandered into the trachea. In the former he prescribed chloroform water, and in the latter inhalations of chloroform, with good results.—*Berliner Klinische Wochenschrift*, No. 21, 1903.

Frank H. Pritchard, M.D.

**UNTOWARD EFFECTS OF ASPIRIN, A SUBSTITUTE FOR THE SALICYLATES.**—In the course of the last few years a number of poisonings from aspirin have been reported, which is of the greater interest, as this remedy has been lauded as free from untoward by-action. Thus Hirschberg, after a gm. of aspirin, has observed a pronounced infiltrating swelling and redness of the eyelids and lower lip. The scalp was also swollen with reddish spots, while there was widespread redness of the whole back of the neck and mucous membrane of the mouth. Speech was difficult and there was increased secretion of nasal mucus. These symptoms persisted for three days. Simi-



lar symptoms have been observed by Otto. A patient with rheumatic pains one evening took a gm. of aspirin. Two hours after he was seized with itching and nodular induration of the skin, first over the shins, later extending over the whole body; the mucous membrane of the mouth was similarly involved later with swelling of the mucous membrane of the nose and obstruction of the nostrils. After still another gm. of the drug the symptoms increased in intensity, and he became extremely anxious, giddy, with great thirst and repeated vomiting. His face was covered with red and prominent spots, his eyelids were œdematous and his ears deep-red. The mucous membrane of the mouth and cheeks was sprinkled with whitish spots, while the whole body was literally covered with dark-red, sharply circumscribed, hard and infiltrating nodes. The pulse was 100, the urine contained a little albumen and was turbid. All these symptoms vanished in the course of twenty-four hours. Meyer has communicated a similar case. Finally, Heerman has twice observed pains in the stomach and nausea, vomiting, with roaring in the ears and vertigo, after very moderate doses of aspirin. Rabow has noted the same phenomena in a woman of 80 after 50 cgms. of the remedy, as well as in a man of 40 after 2 gms., divided into four doses and taken in one day.—*Hospitalstidende*, No. 22, 1903.

Frank H. Pritchard, M.D.

ON THE IMPORTANCE OF RADIOSCOPY AND RADIOGRAPHY IN THE DIAGNOSIS OF PULMONARY TUBERCULOSIS.—Dr. Hennecart, of Sedan, France, at the recent meeting of the International Medical Congress, reported thirty-two observations where in incipient pulmonary tuberculosis the fluoroscope revealed decreased translucency of the affected apex, as well as a limited descent of the diaphragm on the affected side. In order to recognize the disease early he would have all school children examined twice a year, as well as recruits on entering the service.—*Berliner Klinische Wochenschrift*, No. 22, 1903.

Frank H. Pritchard, M.D.

ON THE CURATIVE TREATMENT OF PULMONARY TUBERCULOSIS.—Dr. Sanchez-Herrero, of Madrid, at the same gathering, reports the results of his experience with a modification of Landerer's method of treating tuberculosis of the lungs. He injects a solution of the cinnimide of sodium, 4:100 under the clavicles, increasing the strength up to 10 and even 20 times the initial dose. All his cases presented grave febrile symptoms. He gradually increased the dose from 3 to 70 cems., though he usually kept the dose at about 24 cems. This treatment would bring about an increase of appetite and a decrease of the cough and expectoration. As a rule, the bacilli would disappear on an average within three months. He obtained a cure in 80 per cent. of the cases. His failures were due to complicating intestinal tuberculosis.—*Berliner Klinische Wochenschrift*, No. 22, 1903.

Frank H. Pritchard, M.D.

THE CLINICAL SIGNIFICANCE OF ARTERIOSCLEROSIS.—(Fitz.)—In this article it is considered under three general headings, referring to groups of arteries, viz., (a) central, (b) peripheral, (c) visceral. In central arteriosclerosis, in which are affected the aorta and its branches, the diagnosis depends on the age and examination of them. Although most people over 50 have in them some evidence of vessel-wall change, there are exceptions, for even in

the young it is sometimes manifest. In peripheral sclerosis the physical examination of the accessible arteries establishes at once the diagnosis, although the evidence of an enfeebled circulation is usually found in discomfort, or severe pain with numbness in the extremities, and by the rapidly-induced fatigue and cramps in muscles. The diagnosis of visceral arteriosclerosis depends on the recognition of the various disturbances of function and the discovery of the evidence of central or peripheral arteriosclerosis.—*Boston Medical and Surgical Journal*, April 2, 1903.

William F. Baker, A.M., M.D.

**THE PAROXYSMS OF WHOOPING-COUGH TREATED BY PULLING THE LOWER JAW DOWNWARDS AND FORWARDS.**—Dr. Jacob Sobel calls attention to the many grave complications that are liable to develop in a case of whooping-cough if nothing be done to mitigate the severity of the paroxysms. He is of the opinion that none of the many new remedies recommended for whooping-cough possess any intrinsic value. Since June, 1901, he has been employing a method for alleviating the paroxysm of whooping-cough, first recommended by Naegeli, of Basel, Switzerland, in 1899. The procedure is simply to pull the lower jaw downwards and forwards, as is done during anæsthesia, and it has the effect of not only relieving the spasm of the glottis, but also of shortening the attack. In fact, at times the paroxysm and oncoming whoop can be entirely controlled.

Naegeli's contribution on this subject seems to have fallen by the wayside, as none of the standard works on diseases of children make any reference to it.

The technique is as follows: Standing in front of the patient, place the flexed index and middle fingers against the angle of the inferior maxilla, both thumbs alongside of the nose and against the superior maxilla, and then pull downwards and forwards. If behind the patient, place the flexed index and middle fingers against the angle of the jaw, the thumb along its body, the remaining fingers beneath it, and thus manipulate by pulling downwards and forwards.

Dr. Sobel draws the following conclusions from his observations:

1. Pulling the lower jaw downwards and forwards controls the paroxysms of whooping-cough in most instances and most of the time.
2. The method is usually more successful in older children than in younger ones and infants.
3. In cases without a whoop the expiratory spasm with its asphyxia is generally overcome, and in those with a whoop the latter is prevented.
4. As a single therapeutic measure for the control of the paroxysms it deserves a place in the treatment of pertussis, and is as successful as any single-drug, or even more so.
5. Mothers, nurses and other attendants should be instructed in its use, in order that oncoming attacks, especially at night, might be arrested.
6. The manipulation is harmless, painless and easy of application, without any of the ill-effects of drugs; it offers a maximum good effect with a minimum derangement.
7. The only contraindication to its application is the presence of food in the mouth or œsophagus.
8. Patients treated in this manner are less likely to suffer from complica-

tions and sequelæ than those treated only medicinally; they emerge from the disease in far better condition, less exhausted and less emaciated, because vomiting has been controlled.

9. It is advisable to try the manœuvre in other spasmodic coughs and laryngeal spasms (laryngismus stridulus, pressure of enlarged cervical and bronchial glands, influenza, glottis spasm in catarrhal laryngitis), although my experience has seemed to show that it is far less efficacious in these conditions than in whooping-cough.

10. This method, being directed mainly to the control of the glottis spasm, does not preclude the advisability of supporting and sustaining the patient, guarding his gastro-intestinal tract, establishing equilibrium in the nerve-centres and affording him every possible hygienic advantage.

11. It is particularly indicated in instances complicated with diffuse bronchitis, bronchopneumonia, convulsions, epistaxis, subconjunctival or subcutaneous hæmorrhage, or sublingual ulceration, and in those children who by virtue of age, the presence of rachitis, scrofula or general debility, are predisposed to serious complications and sequelæ.—*Archives of Pediatrics*, June, 1903.

C. Sigmund Raue, M.D.

**HOOKEWORM DISEASE IN THE UNITED STATES.**—The chief anæmia of the southern rural and sand districts is due to uncinariasis. Clay districts and cities are not favorable to the development of the disease. The disease has long been known in the old world [Egyptian chlorosis], but authentic cases in the United States were not recognized until 1893. Hookworm disease in the United States is due to a distinct species, the *Uncinaria Americana*. The disease itself has been known as far back as the beginning of the nineteenth century, but it was usually attributed to dirt eating or confused with malaria.

The diagnosis of hookworm disease is easily made from an examination of the stool. Here the ova will be found as ellipsoids, 64 to 76 micromillimeters long by 36 to 40 broad, in some cases partially segmented, and in other cases containing a fully-developed embryo (rare). All ages seem to be affected. Severe cases are more common in women and children than in men over 25 years of age.

Three stages are to be observed: first, the stage of purely local symptoms corresponding to the light cases; second, the stage of simple anæmia corresponding to the medium cases; and third, a dropsical stage corresponding to more or less severe cases. The duration is indefinite, usually persisting over a period of years.

Economically, uncinariasis is very important. It keeps children from school, decreases capacity for both physical and mental labor, and is one of the most important factors in determining the present condition of the poorer whites of the sand and pine districts of the south.

The disease is carried from the farms to the cotton-mills by the mill-hands, but does not spread much in the mills; nevertheless, it causes a considerable amount of anæmia among the operatives.—*Bull. No. 10, Hyg. Lab., U. S. Pub. Health and Mar.-Hosp. Serv., Wash., Feb., 1903.*

C. Sigmund Raue, M.D.

**THE DIAGNOSIS AND TREATMENT OF HEREDITARY SYPHILIS.**—Doctor Harrison Griffin calls attention to the fact that a number of obscure, chronic



lesions, that are frequently diagnosed as tuberculosis, are in reality syphilitic. In speaking of the value of the pathognomonic signs of the disease, he states that Hutchinson teeth are only found present in 15 per cent. of cases, for which reason they are only of value in confirming the diagnosis. Furthermore, the early symptoms of syphilis are very frequently overlooked, and the disease is not suspected until tertiary manifestations make their appearance. He also cites instances of accidental infection in which the disease remained unrecognized for a considerable length of time.

In the treatment of hereditary syphilis he finds prompt response the rule under the usual method of administering mercury and iodide of potash. He makes a plea for a more liberal attitude toward this disease, and points out its great prevalence in large cities and the frequency with which it is acquired innocently.—*New York Med. Journal*, March 14, 1903.

C. Sigmund Raue, M.D.

ON LIVING WHILE YOU ARE ALIVE.—It is not only those who are professors in some medical college, or who are running some medical journal, who are having good times and making money for the proverbial rainy day. The *Medical Mirror* has discovered this, and comments editorially upon the large number of medical men who are sweating blood in their frantic endeavors to drive tacks with sledge-hammers. We are urged to realize that the best way for a doctor to win success, a substantial and sustained success, is for him to properly equip himself, physically and intellectually, for his professional career, and then mind his own business. That is,—attend to his own patients. There can be no doubt but that there is, to-day, a vast amount of misdirected energy wasted in medical journalism. The results prove it. It may be also true that some men are prouder at being poor and incapable professors than they would be if they were rich and successful doctors or surgeons. But, it may also be true, that many give the best hours of their lives, and sacrifice so many of their personal comforts and opportunities in journalistic work or in teaching young men, simply because they love the work and because their hearts are in it. Perhaps the thought of personal gain or professional appreciation does not enter their minds. It may be so. Perhaps the motives of the man, who will not give any of his time to work that does not bring an immediate personal reward in the shape of dollars, are selfish motives. It may be so.

YERBA SANTA has cured the symptom: Cough, with escape of urine every time the patient coughs.

ATROPHIC RHINITIS.—Dr. John B. Garrison uses the following local application in atrophic rhinitis, and says that he has found nothing that seems to give tone to the atrophied mucous membrane as surely as this: Succus calendulæ, 1 drachm; C. P. glycerin, aquæ dest. āā to make 6 ounces. This he applies to the nasal mucous membranes thoroughly, with cotton pledget wound on an applicator.—*The Hom. E. E. and T. Jour.*

SYNOPSIS OF EXPERIMENTS ON THE TRANSFORMATION OF CIRCULATING URIC ACID IN THE ORGANISM OF MAN AND ANIMALS.—(Croftan.)—In this synopsis the writer limits himself to the main results of the more important experiments. The question dealt with in this paper is whether or not uric acid is normally destroyed in the human body, and, answering this in the

positive, it is offered for consideration, that deficient destruction may lead to the accumulation in blood and tissues and give rise to goutiness. The paper is quite long, hence we would quote "clinical conclusions:"

1. The fact that watery extracts are prepared from liver, kidney, muscle, blood and spleen, and can all destroy uric acid to varying degrees, and the fact that this power is largely destroyed by boiling, makes it probable that these organs assume a similar function during life, and that this function is carried on by the aid of unorganized "soluble" ferments that the organs secrete.

One might object that these ferments are present in such minute quantities that they cannot be credited with such an important function; but this objection is invalid; the ferments are present in minimal quantities, because they are not intended to be present in large quantities in the organs at any one time. When we prepare the extracts, we destroy the cells and force the ferments into solution. In studying the action of such an extract we see only a small portion of the power that would have been expended had the organ remained alive. The ferment solutions made from human organs, therefore, contain only the remnant of the ferment that is not utilized during life.

2. Uric acid is normally destroyed in the system, and deficient destruction leads to the storing it up in the system.

3. The human kidney destroys more uric acid than does the liver, the liver more than the muscles, and the muscles more than the spleen and blood. If we include the relative bulk of these organs, as compared with the bulk of the whole body, the muscles come first; then the kidney, liver, spleen and blood.

4. The urinary uric acid cannot be considered an index to the circulating uric acid, for as goutiness begins with renal insufficiency ("latent" nephritis), and as nearly all cases show typical kidney lesions (granular atrophy), the connections between the uric acid destroying powers and the development of uratic symptoms is apparent. The writer sums this conclusion in "My experiments favor the renal theory of gout."

5. Derangement of the liver has always been looked on as a cause for uratic diathesis. It seems that the derangement consists in an inability to destroy the uric acid.

6. The power to destroy uric acid by exercise, through an increased circulation of muscular system, renders this system an important factor in elimination.

7. The formation of oxalic acid from uric acid in the human kidney may explain the clinical fact that in gout oxaluria is not infrequent, and occasionally the appearance of much oxalic acid is accompanied by a corresponding decrease in uric acid.

8. The formation of urea from uric acid demonstrates that uric acid is not a terminal product, but an intermediate product between certain albumins and urea.

9. There is much evidence to show that the function of certain organs which destroy uric acid is also to destroy fats and sugars. Inadequacy of this triple function would lead to the accumulation of fat, sugar and uric acid. These considerations point to a pathogenic relationship between a trinity of diseases characterized by an accumulation in the blood and tissues

of certain bodies (fat, dextrose, uric acid) that should normally be destroyed. Reference is here made to obesity, diabetes, uric acid diathesis.—*Medical Record*, July 4, 1903.

William F. Baker, A.M., M.D.

**ARGYROL.**—At a meeting of the Paris Ophthalmological Society, April 7, 1903, A. Darier advocated argyrol in ocular therapeutics as an absolutely painless, silver salt which yields better and quicker results than we have yet been able to obtain with any other compound of silver. He considers argementine better than silver nitrate, protargol better than argementine, and argyrol the best of all. Even in concentrated solution argyrol may in some persons cause a certain astringent tightening, a little dryness of the eye, but the patient will complain of no pain. It may, therefore, conveniently be used in solutions as high as 20 or 25 per cent., without the slightest annoyance, a condition very different from the use of even very dilute solutions of silver nitrate or argementine, and protargol itself causes some burning sensation in most persons. The yellow ochre strata of argyrol on the cornea gives a very transient yellow vision. Darier has been using argyrol for dacrocystitis in solutions of 2.5 and 10 per cent. without causing the slightest pain or the slightest discomfort, in contrast to protargol, which is apt to provoke acute pain and marked inflammatory reaction when there is an erosion of the mucous membrane. It is fully as effective as protargol in drying up the secretion in these obstinate cases. In blenorrhœa and catarrhal conjunctivitis, either an ointment of 25-per-cent. argyrol or 20-per-cent. solution will be found useful. In ophthalmia neonatorum 25-per-cent. solution instilled every hour has obtained for Darier a rapid cessation of the purulent secretion, with much less danger of harming the cornea than with silver nitrate. As a prophylaxis of ophthalmia neonatorum, argyrol has already acquired a permanent hold in the Paris maternity hospitals, a solution of 5 to 20 per cent. being used for the purpose. At the Manhattan Eye and Ear Hospital we are using argyrol for the above indications with success. It seems to be largely supplanting protargol, and silver nitrate is being reserved for those cases in which the other silver salts are shown to be insufficient.

William Spencer, M.D.

**HYPERTENSION OF THE EYE REDUCED WITH HYOSCYAMIN.**—Whether the assertion that scopolamin is practically hyoscyamin be true or not, the effect of the two drugs upon the eye, so far as tension is concerned, is the same. The author claims to have made this discovery with regard to hyoscyamin some years ago, when a case of iritis came under his care, in which atropin had been used for six weeks, with the result of setting up glaucomatous symptoms.

The attending oculist wanted to operate upon the eye, but the patient would not submit, and the case came under the care of the author. He changed the mydriatic to hyoscyamin, and the tension was immediately reduced. Since then he has had several opportunities of testing the drug in similar cases, and has met with the same result each time.—Frank DeW. Bates, M.D., *Jour. of Oph., Otol. and Laryn.*

William Spencer, M.D.

**PLASTIC ARTIFICIAL VITREOUS IN MULES' OPERATION.**—The profession is indebted to Dr. Oatman, who first used paraffin for this purpose January 17, 1902. Two other successful cases were later conducted, upon his suggestion,



by Edgar S. Thompson and D. Foster. Paraffin with a melting-point of  $125^{\circ}$ , or preferably of  $135^{\circ}$ , was brought to the boiling-point and cooled very quickly, as in histological work, to prevent crystallization and the formation of bubbles. A ball was then roughly shaped with a knife.

This was brought to the required size by placing it on a long needle and rotating it in the flame of an alcohol lamp, the action of the flame being controlled by occasionally dipping the ball into a cold bichloride solution.

When fistula follows the Mules' operation it will close spontaneously if a sufficient quantity of the artificial vitreous can be removed.

That which remains will form a good support for an artificial eye. Paraffin used for the purpose is prone to produce fistula by softening and getting between the lips of the wound, or into the track of a suture. These accidents are to be avoided by using paraffin, or some modification thereof, that will not soften at body temperature; also, by suturing the scleral wound, that no aperture remains through which paraffin can exude.

In the first and second cases the paraffin leaked until it sank to the level of the fistula, which then healed spontaneously, affording a satisfactory stump with good motility ten months later. Of course, this modification of Mules' operation requires a more extended trial before its value can be estimated.—E. L. Oatman, M.D., Brooklyn, *Medical Record*.

William Spencer, M.D.

A NOTEWORTHY CASE OF EXTRACTION OF IRON FROM THE VITREOUS CHAMBER BY MEANS OF THE GIANT MAGNET.—While still more than two inches from the giant magnet, as soon as the current was turned on, a large glistening piece of metal back of the lens was seen to rise up and rush towards the outer part of the eye, where it caused a marked bulging of the sclera, at a point about 6 mm. posterior to the wound of entrance. Here one end of the piece of the metal had become fastened, and no matter in what position the eyeball was put, or how the magnet was moved, it would not budge. The magnet was turned around on its pivot, and as soon as the other pole (not previously used) came near the eye, this large mass of iron was seen to swing around in the vitreous chamber, the bulged part of the sclera became flat, while the other end of the iron came towards the wound of entrance on to the magnet. A bead of vitreous protruded from the wound.

The eye was cleaned once more, atropin instilled, a bandage applied, and the patient put to bed. There was no reaction.

The wound soon closed. A week after the operation the lens became cloudy, and on the following week became opaque throughout.

The eye has good perception, and the visual field is intact. The iron removed measured 18 mm. long, was about 2 mm. in width at one end and 1 mm. at the other, where it was pointed and was quite thin. It weighed 10 mg.—Dr. Charles J. Kipp, *Archives of Ophthalmology*.

William Spencer, M.D.

CASE OF MELANOTIC SARCOMA CURED BY X-RAY.—Walker reports a case of melanotic sarcoma of the lower jaw cured by the use of the X-ray. Under cocaine anæsthesia a black tumor in front of the right ear was excised. The wound failed to heal. In another month a second operation was performed, this time extending into the neck, as the growth had extended down between the blood-vessels to the vertebræ. The dark spots

could be plainly seen scattered about the wound. Ten months after operation X-ray treatment was commenced. At first treatments were given every second day, but soon changed to every day. At times the treatment had to be suspended on account of severe reaction. The dark spots disappeared after the first treatment. At the end of two weeks the wound had healed, and the infiltrated portion gradually disappeared. At the end of three months' treatment there was no evidence of any growth. A microscopic examination of the growth first removed confirmed the diagnosis of melanotic sarcoma.—*Journal of the American Med. Association*, May 2, 1903.

Bernard E. Bigler, M.D.

NERVE ANASTOMOSIS IN THE TREATMENT OF FACIAL PARALYSIS.—Cushing reports a case of gunshot wound in the petrous portion of the temporal bone, with complete destruction of the facial nerve. Six weeks after the accident the accessory nerve was united with the peripheral end of the destroyed facial. In four months' time the paralyzed muscles showed evidence of returning control. Six months subsequent to the operation the muscular action was nearly normal. He claims that the success of this procedure is dependent upon the care in dissection and a careful end-to-end anastomosis, being especially careful not to injure the nerve. An aseptic wound and the development of as little scar tissue as possible is also essential.—*Annals of Surgery*, May, 1903.

Bernard E. Bigler, M.D.

A NEW LIGHT CURE.—Morton (Wm. F.) first states that if a solution of quinine, of the strength of 1 gr. to 8 ozs., held in an ordinary glass bottle, is subjected to X-radiation in the dark, the solution may be seen to glow with a fine, opalescent-violet ray fluorescence. He goes on to say: "Calculating the amount of blood in the human body to be  $\frac{1}{13}$  part in weight of the entire body, we may estimate that a person weighing 130 lbs. will contain 10 lbs. of blood. This is equivalent to the above-given ratio of 1 gr. to 8 ozs. of water. We may, therefore, without doubt, conclude that the fluids of a person, to whom 20 grs. of quinine had been administered, represent a solution of quinine equivalent to that mentioned in the bottles; and equally when such a person is exposed to the X-ray, that the patient's tissue will be rendered fluorescent in the same manner. The quinine may be administered about one hour before the X-ray treatment, and in a dosage of from 5-20 grs. It is recognized that the radiations of substances exhibiting a violet color possess curative properties in disease. We have thus presented to us by this new procedure a method of producing fluorescence in more intimate relation to the tissue elements than can be gained by any method from the exterior. In this manner I have been treating cancer now for over a year, and with, I believe, results which could not be attained by the X-ray alone, though this is purely a clinical deduction."—*The Electrical World and Engineer*.

Bernard E. Bigler, M.D.

RETROCÆCAL APPENDICITIS WITH RETROPERITONEAL PELVIC ABSCESS.—Gallant states that he has operated on quite a number of patients in whom the appendix was found lying behind the cæcum, with an accumulation of pus and exudate around and under the caput coli. Only in the three cases reported have the abscesses been located in the pelvis behind the peritoneum. The retrocæcal variety of appendicular disease is characterized by the usual acute onset,—nausea, vomiting, malaise, general abdominal pain, which later

becomes localized in the right iliac fossa, unequal abdominal rigidity, constipation and moderate elevation of the temperature and pulse. A tumefaction in the right iliac fossa can usually be recognized, and on examination, per vaginam or rectum, the pelvic abscess, when present, can be easily felt.—*American Med.*, May 23, 1903.

Bernard E. Bigler, M.D.

CONTRIBUTION TO THE SURGERY OF GASTRIC ULCER.—Van Buren Knott submits the following conclusions: 1. Perigastric adhesions as sequelæ of chronic ulcer of the stomach are not uncommon. 2. Their existence should be suspected and even positively diagnosed more frequently than has been the case. 3. In many such cases the relief afforded by the operation is absolute, and may be secured in no other manner. 4. The operation is often an extremely simple one. 5. If the adhesion involves surfaces so extensive that its recurrence must be inevitable, relief may be best secured by a gastro-enterostomy allowing the adhesions to remain. 6. The use of omental grafts or Cargile membrane is of value in preventing the readhesion of the separated surfaces.—*Jour. of Amer. Med. Ass.*, May 23, 1903.

Bernard E. Bigler, M.D.

THE RESULTS OF OPERATION FOR RADICAL CURE OF INGUINAL AND FEMORAL HERNIA, WITH ANALYSIS OF 1000 CASES OPERATED UPON BETWEEN 1891-1902.—Coley (W. B.) says that the unaltered Bassini operation was used exclusively, in all hernias of the inguinal type, with the single exception that absorbable sutures were used throughout. About 500 of the 1000 cases were children under 14 years, and he says that contrary to the generally expressed opinion, that almost any kind of a sewing up suffices in this class of patients. The statistics show that if a Bassini is properly done, the percentage of recurrences is reduced, practically, to zero. By close observations it has been noticed that in strangulated hernias, that in the indirect variety it was the tense external abdominal ring, rather than the neck of the sac, which afforded the constricting band.—*Med. Record*, May 30, 1903.

Bernard E. Bigler, M.D.

PROSTATECTOMY AND GALVANO-CAUSTIC PROSTATOTOMY: THEIR PRESENT STATUS IN THE RADICAL TREATMENT OF THE HYPERTROPHIED PROSTATE GLAND.—Meyer (N. Y.) gives full report of 59 cases of pronounced hypertrophy in which no discrimination was shown, cauterizing the gland in all. He claims the direct method of treating the gland much to be preferred to the indirect. Of the 59 cases, 52 cases recovered, 3 died of sepsis, 2 from other causes, and 2 from spinal anæsthesia. Of the 52, 34 are alive to-day. Nearly 50 per cent. of these have entirely regained the power over their bladder. Seventy-five per cent. had laid the catheter aside entirely. He says, "Both operations have their distinct and useful sphere, and no surgeon who professes to do prostate work should be bound to one or to the other."—*Medical Record*, May 30, 1903.

Bernard E. Bigler, M.D.

FIVE HUNDRED AND THIRTY-FOUR OPERATIONS UPON GALL-BLADDER AND BILE PASSAGES.—Mayo (N. J.) reports 534 operations performed upon 518 patients, with 19 deaths, giving a mortality of 3.5 per cent. Five hundred and ten of the total cases were gall-stone disease, with a 3-per-cent. mortality. The stones were in the gall-bladder alone in 208 cases, and of these only 2 died.



The standard of measure in the diagnosis of gall-stones is "colic," yet this is a small part of the clinical picture. As a cause of chronic distress and disability, disease of the gall-bladder is quite as common as that of the appendix.

The attachment of the fundus of the gall-bladder to the abdominal wall brings the cystic duct to the bottom of the cavity; thus, gravity aids in drainage of the gall-bladder after operation. As a rule, galls do not re-form after operation.—*Boston Med. and Surg. Journal*, May 21, 1903.

Bernard E. Bigler, M.D.

RETINAL HÆMORRHAGES IN DIAGNOSIS OF SKULL TRAUMATISMS.—(Heming.)—A number of cases of fracture of the skull are reported, and the conclusion from them is that subarachnoid hæmorrhage, if sufficiently rapid in its development, will cause retinal hæmorrhage, and that if the effusion is unilateral the hæmorrhage will be confined mostly to the affected side. It may be supposed that the sudden increase of pressure in the subarachnoid space may, if unilateral, tend to pass up the entersheath of the same side, while the opposite entersheath may be occluded by the force, and must be associated with flattening.—*Edinburgh Med. Journal*, April, 1903.

William F. Baker, A.M., M.D.

TREATMENT OF PURULENT CONJUNCTIVITIS.—(Thompson.)—In all cases determine by microscopic analysis the nature of the infection, either by cover-slip or culture. The advantage of this procedure lies in the fact that the gonorrhœal cases require a more heroic line of treatment than those of pus-infection in general. Generally speaking, all cases may be classed into (a) gonorrhœal; (b) non-gonorrhœal.

A summary of the treatment would be: 1. Cleanliness. A most imperative measure. The use of boric acid freely every ten minutes, if necessary, day and night. 2. Control of inflammation. Iced cloths keep down inflammation and swelling, and inhibit the growth of the infecting micro-organism. 3. Treatment of complications. Protargol and argyrol are the most generally useful drugs for the treatment of corneal complication. Chemosis can best be treated by scarification when the discharge is not free. Corneal ulcers are best treated by cauterization with pure carbolic acid. After the cornea has become affected, hot applications should be recommended. 4. Treatment of gonorrhœal conjunctivitis. Nothing can outrank nitrate of silver in these conditions, and should be used as soon as the diagnosis is confirmed. In adults, if the case is seen early, a 2-per-cent. solution applied to all parts of the conjunctiva is usually sufficient, and the reaction which follows can best be controlled with ice-cloths. If a case is seen later, when the discharge and swelling are about their height, use solutions up to 3 and 4 per cent. afterward, however, always neutralizing with normal salt solution. After the third or fourth day, 2-per-cent. solutions give the best results.

In children the solution must be dropped into the eye. Protargol is of great value in ophthalmia neonatorum.

The treatment of ordinary pus inflammations differs somewhat. Silver should not be used long in these cases. Six per cent. of protargol will be sufficient, and that if used too long will stain the conjunctiva. Argyrol in 25-per-cent. solution may be substituted for protargol. It has the advantage of being non-irritating.—*Medical Record*, May 30, 1903.

William F. Baker, A.M., M.D.

## MONTHLY RETROSPECT

### OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

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CONDUCTED BY O. S. HAINES, M.D.,

with the collaboration in German literature of C. Sigmund Raue, M.D.,  
and in French literature of Charles Platt, M.D.

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**COLON FLUSHING IN TYPHOID FEVER.**—The homœopathic school has not taken kindly to the antiseptic method of treating typhoid fever. Enteroclysis, or colon flushing, has received much praise, however, from those who have employed it as an adjuvant to the strictly medicinal and hygienic management of this disease. It consists in the continuous or intermittent inflow and outflow of water or a watery saline solution into the colon. It is best carried out by means of some simple instrument permitting an easy two-current irrigation. Dr. Kemp, of New York, has devised such an instrument. It has a smaller inflow-pipe lying in the centre and two larger outflow-pipes, with openings near the distal end of the instrument large enough to permit of the escape of fecal pieces. It is introduced beyond the internal sphincter, and the water used is generally above the bodily temperature. Dr. Frank S. Bascom relates some cases in which this procedure certainly seemed to aid in changing the state of his patients from very threatening condition to one of better prognosis. Extreme meteorism, frequent, shallow respirations, high temperature and rapid pulse were considered good indications for this treatment. In the event of hæmorrhage, the flushings were discontinued for a time, but resumed upon the cessation of the bleeding. If this measure will assist in relieving the great distention, will prevent the flatulent distress and lessen the liability to hæmorrhage and perforation, it surely should be used more frequently than it is.—*Cleveland M. & S. Rep.*

**ARTIFICIAL HEAT AS A STIMULANT IN COLLAPSE.**—Artificial heat, applied in almost any manner, but best of all in the form of hot water directly to the skin, or drinks of hot milk or other hot liquids, is about our best stimulant in any form of collapse or in failure of the heart. Compared with this remedy, alcohol, digitalis or strychnia are scarcely worthy of consideration. The author is speaking only of medical cases.—Dr. P. Dudley.

**GNAPHALIUM IN CHRONIC BACKACHE.**—Cures chronic backache. The pain is in the lumbar region, a tired aching that saps one's strength and ambition; worse from continued motion; better resting, especially upon the back. The urine is light in color and profuse. Favorable action is denoted by relief and the passage of less urine of a better color. The more chronic the backache the more brilliant will be the effect of this remedy.—T. M. Johnson, M.D., in *Recorder*.

ON THE LOCAL USE OF HYDRASTIS IN ULCERATIONS OF THE COLON AND RECTUM.—Dudley Wright, F.R.C.S., has lately written a most instructive article, showing conclusively the great value of the homœopathic prescription in surgical conditions. In this he refers to the value of hydrastis in ulceration of the rectum. The suggestion is not new, but the remedy has not been used as persistently as it deserves. We can remember a case of obstinate ulceration of the colon and rectum that was cured by the local use of this remedy, after more than a year's persistent use. The case remained well for more than five years, and finally died from a tubercular ulceration of the bowel. It is presumed that the original condition was of the same nature, as the symptoms were the same. Dr. Wright insists upon the use of a preparation of hydrastis made *without* spirit. There are several such preparations upon the market. He used that made by P. D. & Co. The bowel must first be thoroughly cleared of fæces by copious injections given with the patient in the knee-elbow position. The lotion is made of varying strengths—from a drachm to the pint of water, to one drachm to the ounce. The injection is made slowly, through a soft rectal tube. But these treatments must be kept up daily for a considerable period of time.—*Monthly Hom. Review*.

ASAÆTIDA.—Nervous people, who are called upon occasionally to undergo a great mental strain, will find this remedy of priceless benefit. Sometimes, when illness appears in the family, obliging an already-overtaxed parent or relative to sit up nights, or face some trying ordeal for which they have not sufficient strength, instead of resorting to such stimulants as whiskey, quinine or coffee, give a pill of asafœtida. It is potent and quite harmless.—*American Med. Journal*.

WHOOPIING-COUGH.—Dr. Charles Ott, in *Medical Arena*, seems well pleased with his success in the treatment of this tedious affection. This author has not received as much satisfaction from his trials of those remedies that were recommended by the earlier practitioners of our school,—drosera being the one exception. He also failed with corallium, mephites, coccus, tartar emetic and with naphthalin. Apparently, his most successful practice has been with belladonna or hyoscyamus, alternated with ipecacuanha. These remedies, given hourly, in the third decimal dilutions, have been effective. Dr. Ott is not the only observer who has testified to the usefulness of this practice. Belladonna might be preferred if the child had the flushed face and injected eyes of that remedy; hyoscyamus, in the absence of such symptoms, and when the aggravation of cough occurred after midnight. There are, of course, other differentiating symptoms; but, having made the choice between bell. and hyos., the chosen remedy is given alternately with ipecac. Repeatedly, Dr. Ott has seen cases terminate in ten days under such a method. We have much preferred the single remedy in pertussis, believing that often the disease will yield more quickly when we can select the proper similimum. But, sometimes, it is most difficult to obtain a clear picture of any one remedy. In such cases we have used, at the beginning of the whooping-stage, bell. and ipecac., as suggested by Dr. Ott, and with really splendid results. The possession of such a therapeutic fact need not make one a mongrel, nor lessen one's eagerness to obtain, in every case, the single, well-indicated remedy whenever it is possible. Dr. Ott also mentions a prescription that has been very successful in his hands: Tr. castanea



vesca, 2 drams; fl. ext. belladonna, 15 drops; simple elixir, q. s. to 4 ounces. This he administers in doses of 15 to 30 drops, four times daily. Unfortunately, we lack the indications for this mixture. Homœopathically indicated remedies, as a rule, do not act well when mixed in a complex prescription. Generally speaking, their use in this way is bad practice.

THE TREATMENT OF ASTHMA.—This forms the subject for discussion in an excellent *resume*, by H. V. Halbert, M.D., in *Clinique*, for May 15th. The author admits, at the beginning, that the principal effort of the physician, in the treatment of this "disease," should be to remove the neurotic cause. This he may accomplish only by a painstaking study of all the symptoms leading to that discovery. But, in addition to this, the physician must be prepared to relieve the spasm. We feel like adding that he should be prepared to do this latter with all possible promptness, because it is for prompt relief that the patient calls his physician. Dr. Halbert insists that the physician may find it necessary to resort to every expedient which experience may offer for this purpose. Of course, we understand that this means that the physician cannot, in every case of asthma, obtain as prompt relief from the homœopathically indicated remedy as he can from certain empirical remedies which experience has proven to be quickly acting palliatives. Those of us who treat a considerable number of cases of asthma during the winter months will probably feel inclined to agree with the doctor. But Dr. Halbert does not mean that the physician, when called to a case of asthma, shall ignore the law of similars in every instance and fly to some patent nostrum. We believe that it is exceptional to meet with a paroxysm of asthma which cannot be quickly relieved by the homœopathically indicated remedy. That should be our first prescription in every case. It is, however, the "exceptions" which make it necessary that the homœopathic physician should add to his knowledge of homœopathic medicines, a knowledge of all those physiological palliatives which experience has proven are *sometimes* necessary for the comfort and safety of the patient. Thus, in asthma, a bit of blotting-paper soaked in a saturated solution of potassium nitrate, dried and burned in a saucer, may, by its fumes, almost instantly relieve the spasm which is suffocating the patient. A few drops of either chloroform or ether, administered internally, in a little water, may change distress and suffering into quietude. Every practical man knows what a single hypodermatic injection of morphia and atropine will accomplish in some of these exceptional cases. Atropine, alone, will occasionally do as well. Dr. Halbert mentions the fact that a mixture of equal parts of dioxide of hydrogen and water, in teaspoonful doses, will relieve the spasm. The hydrobromate of hyoscine will relieve when mental excitement is extreme. But other remedies could be mentioned, and the author speaks well of *grindelia robusta* tincture. From the standpoint of symptomatology, it represents very well the typical features of the attack. The patient feels drowsy, but is unable to sleep on account of the recurrence of asthmatic breathing. It also pertains to the reflex gastric irritation which so frequently excites the paroxysm. In mild cases the author succeeded with the third decimal, but found that the tincture, in five- or ten-drop doses, gave the best results. *Ipecacuanha* stands next in importance. Nausea and vomiting, dyspnoea and precordial distress, and a wheezing, distressing cough are the symptoms. The potencies should be used. *Lobelia* has long been a favorite

remedy. The third potency, frequently repeated, many times exerts a sufficiently sedative action. Apomorphia, third decimal, will often control a severe spasm. Cuprum arsenicosum is probably the best form of arsenic to use, when the typical arsenicum symptoms are present. In the truly chronic, or in the interparoxysmal, stages of asthma, Dr. Halbert suggests a study of the camphor monobromide, as he has found the first decimal potency to relieve the nerve irritation and the neurasthenic excitement which precedes, or may excite, the asthmatic possibility. Nux vom., ignatia, sulphur, arsenicum and bryonia are also mentioned as useful remedies, but their indications are well known to all.

AGNUS CASTUS.—A good deal has been written about the virtues of this member of the verbenaceæ in premature senility, due to sexual excesses. It is supposed to have the power of restoring the sexual tone, of removing the mental gloom, and even of producing a normal erection in an organ that has long since become small, flaccid and lifeless. It is claimed that it will cure chronic gleet in those who have had repeated attacks of gonorrhœa. These and other marvellous claims are copied into every book upon *materia medica* that is published. It is extremely doubtful whether any one ever knew of this remedy acting as it is claimed it will act. It is a pity to waste good printer's ink reiterating bosh.

THE CONSERVATION OF THERAPEUTIC FACTS.—The best things that we have accomplished during our professional careers, some of our most brilliant therapeutic successes have been, for the most part, forgotten. Some of them could not be duplicated to-day, if we tried, simply because we have forgotten how to do it. Now, to forget is the opposite of to get, and signifies a mental loss, and it is this constant and repeating mental loss that we ought to prevent, if it lies within our power to do so. If one will inquire of himself whether, as the weeks and months and years rush by, he is gaining or getting a new equipment of therapeutic facts that will fully balance and fully compensate him for the weekly and yearly loss that is solely the result of sheer forgetfulness, he will find that his mental trial-balance will show a preponderance of loss over gain in several directions. In order that the firm may escape bankruptcy it would be as well to consider some plan for preventing this mental loss, some plan that will promise to make for the conservation of his stock of therapeutic facts. A therapeutic fact that is useful to-day will be as useful at any time in the future, if you happen to have it at hand. The whole matter, then, dwindles down to the simple question of how we may preserve the facts learned to-day, so that they may be available at any time in the future, when we again have use for them. The plan we propose to follow is a simple one. We shall have a couple of drawers for filing cards, say five by eight in size. Whenever a therapeutic fact of importance has been learned in practice, whenever a remedy acts particularly well, in a perplexing complication, whenever a friend tells us something that has astonished him in the therapeutic line, we propose to write it upon a card and file it away for future reference. If a second experience proves the truth of a former observation, it can easily be added. After a short trial of this plan, it seems to be excellent. The alphabetical index renders easy the office consultation of such a therapeutic treasury.

IS HOMŒOPATHIC MEDICATION SUITABLE FOR THE VERY ILL, OR ONLY FOR THE SLIGHTLY INDISPOSED PATIENT?—The survival of homœopathy has been a surprise to some people, especially during the last decade. Not that its existence has been, at any time, seriously threatened by its enemies or by its opponents. No! For neither curses nor maledictions can prevail against a good man, nor against a true and just cause. Nor yet, may misrepresentation; nor can ridicule, for more than the fleeting moment. Indeed the latter weapon, ridicule, is a dangerous boomerang to hurl, for it may be the very means of awakening in the minds of the public, first, sympathy; then honest investigation; and, finally, true conviction. No, homœopathy has suffered little real harm from the assaults of its enemies. We have always felt that we owe a debt of gratitude to our friends—the opponents of homœopathy—who have, during the past century, by malediction, cunningly devised misrepresentation or gentlemanly satire, kept us and our beloved therapeutic science so effectually before the world at large. We must not take all the credit for our school's remarkable success.

The young homœopath will still find, when he has located in his chosen field, that the opponents of his school still as of yore will prove to be his devoted "advance agents," paving the way for his success. We must remember the honest friend does not always praise us. From our point of view we see, as the greatest danger threatening the future position of our school, only this: The complacency of its adherents and friends. With serene brows, they twirl fingers and reiterate, "It is the greatest boon vouchsafed to man." "The only law to guide the physician in the selection of the curative remedy." "The only therapeutic law of universal application." These are the songs that float on the air, as they sit in the old bark builded so well by their granddaddies, and drift along with the tide to the breezes of "*vis-medicatrix nature*." They prescribe their similimum for self-limited affections principally, and when, every now and again they run up against the hard rocks, they say, "Oh, here is a case whose vital reaction is too low for a response to be expected from dynamized drugs." Here is where they change boats. Then away they sail, in the physiological or eclectic boat for awhile, until the rough weather has passed; when once again we find them in their homœopathic bark going along as serenely as before. Now, why not trust the homœopathic bark in rough water and in dangerous passages? Wont she stand it? Then, by heaven, we ought to make her strong enough to stand it, or else all of us ought to get out of her and stay out.

**NUX VOMICA.**—It would seem as if it was impossible to say anything regarding this polycryst that is not already familiar to everyone. Yet, sometimes nux is asked to do too much, and is prescribed for conditions for which it is illy suited, and for which other remedies would be much better. The nux patient is supposed to be one who is much troubled with constipation. He is so troubled very often, yet he may have either diarrhœa or even real dysentery. It is surprising to some to learn that in either case the indications which will attract us to nux will be very much the same. Briefly put—we may say that it is indicated when peristaltic action is increased and irregular. This is one of the direct effects of nux which stimulates this muscular coat of the intestines, increasing peristalsis. By this effect nux may produce a diarrhœa. The typical nux constipation, then, is one in which



there is frequent urging to stool, which is ineffectual. The resulting stool is unsatisfactory and small and incomplete. The peristaltic action may keep up, and then the patient will say that he constantly desires to have a stool, but with all his urging little is passed, and that with difficulty. Often this remedy is prescribed for a constipation that is due to and accompanied by a torpor or inertia of the bowels. There is little or no peristalsis, and we give nux 3d, or 6th, without result. This state is not one that calls for the homœopathic administration of the remedy. It requires a better similimum. If we give nux for such a condition, we shall have to give ten drops or less of the tincture, and then we shall get a physiological action which will result in increased peristalsis and, perhaps, a diarrhœa, or at least a relief of constipation. But we shall not obtain its curative or homœopathic effects.

**BUBONINUM.**—According to the experiences of D. N. Ray, M.D., of Calcutta, India, it would seem that this remedy may be used with good effect in chronic scrofulous enlargements on either side of the neck. This observer says that the results have, at times, exceeded his expectations. Bubonium is the sterile morbid product of cultured virus. When introduced into the system in health, it produces very similar symptoms to those produced by the bubonic plague. Dr. Ray uses the twelfth dilution.—Article in *Hom. Recorder*.

**SANGUINARIA CANADENSIS AND NASAL POLYPI.**—I must tell you about a rather remarkable cure that sanguinaria made for me recently, and which shows how simple the indications for the curative remedy are sometimes. The patient could not breathe through his left nostril. Examination showed a large gelatinous polypus. His symptoms were: Sneezing, pain over root of nose, stinging from an acrid, watery coryza; tendency to take cold in the head quite easily. He had also a dry tickling cough upon lying down to sleep. Of course, taste and smell were somewhat diminished. A glance at the "Repertory" and a few moments reading in Allen's *Materia Medica* decided a choice of sanguinaria, which was administered in the second decimal trituration. The polypus dried up within two weeks, or at least it disappeared, and the patient has since been free from all his annoying symptoms.

**PRACTICAL HINTS.**—*Hepar* 6.—Intense iritic pain. More than would be expected from the appearance of the affected eye. The hypersensitive patient is irritable and sensitive to cold. If the patient has had too much potassium or mercury.

*Pilocarpin.*—Try this remedy for tobacco amblyopia.

*Badiaga.*—Give this remedy for exophthalmic goitre, with aching pains in the posterior portion of the eyeballs; aggravated by moving the eyes. Tremulous palpitation of the heart, rapid irregular pulse and glandular swellings are the accompaniments.

*Ipecacuanha.*—This remedy will relieve, in very small doses, phlyctenular ophthalmia, with much photophobia, redness and lachrymation. The cheek bones ache.

*Arnica montana* will hasten the absorption of extravasated blood. Use it internally, in potencies, and externally, a dram of tincture to six ounces of water.

*Jaborandi.*—For irritable spasm of accommodation with nausea.

*Duboisia*.—Is the remedy for true weakness or paralysis of the ciliary muscle, associated with hyperemia of the fundus, and usually with mydriasis. Vertigo with pale face confirms the choice.—*O., O. and L. Journal*.

*Melilotus*, sweet clover, deserves our attention in congestive headaches, with red face and tendency to nose-bleed. It is a rather quick-acting remedy, which makes it suitable for such headaches. It may take the place of the various "headache powders" in the headaches of this character, so common during the hot season. It is one of our most promising remedies for the recurring headaches in those patients who have consulted the oculist in vain. The headache is relieved by lying down or by the application of vinegar (opposite to bell.). It suits many menstrual headaches, violent in character, with much congestion of the head and face; relieved when the menstrual flow appears. The pathogenesis of this remedy is complete enough to suggest its applicability to many common ailments of every-day practice.

**KALI CARB. AS A SOPORIFIC.**—Dr. Goullon regards this remedy as very useful in cases of subacute or chronic insomnia associated with an abnormal activity of the heart. It is well known as a remedy beneficial in palpitation due to overexertion, but it is also effective in the sequelæ of organic diseases of the heart, among which insomnia is sometimes the most tormenting symptom. Dr. Goullon administers two drops of the ninth or twelfth dec. on milk-sugar. It seems to suit the insomnia of sympathetic, sentimental, pessimistic people.—*Trans. in Hom. Recorder*.

**THE PREVENTION OF ABORTION.**—Dr. G. Sieffert, Paris, recommends the following remedies to prevent abortions in cases that have previously had such accidents:

*Apis* 6, during the first six weeks of pregnancy, violent burning and lancinating pains in the breast.

*Kali carb.*, 3d trit., when abortion threatens in the second or third month. The pains extend from the back to the nates and thighs.

*Sabina* 6, for the prevention of abortion in the third or fourth months. *Sepia*, 3d trit., to prevent abortion in the fifth and seventh months.—*Hom. Rec.*

**ONE WAY OF TREATING TYPHOID FEVER.**—Dr. Karl Greiner says, that lack of success has caused him to stop symptomatic prescribing for typhoid fever. He used to administer the homœopathically indicated remedy, with the result that his light cases got well and his bad cases died. Now, we may infer, all his cases recover. He says, if the patient is constipated, fill him with soap-suds; if there be diarrhœa, with saline solution. If there be tympanites, add turpentine to the injections. He uses colon-flushing several times daily. In addition, his patients get calomel every hour or two, and an intestinal antiseptic, like the sulphocarbolate of zinc, in as heavy doses as can be well borne. Every six hours a saline laxative is ordered. In addition, a proper dietary is given. The reasons for this plan of treatment are these: The liver is sluggish in typhoid fever, and the intestines have to get along without the antiseptic influence of the bile. Thus the bacillus has full sway. It is supposed that under such circumstances the intestinal canal becomes a veritable cesspool, from which the system is quickly saturated with toxins. When the doctor has administered this treatment, he feels that he can go home and sleep soundly, feeling that his whole duty has been fulfilled.—*Med Rec.*

Those homœopaths who have not been successful with the homœopathic treatment of typhoid fever have the author's permission to try the above "safe and reliable" plan.

AN EPIDEMIC OF TYPHOID FEVER.—Dr. Elma Griggs treated 42 cases of typhoid fever during a recent epidemic in Ithaca, New York, without a death. He prescribed baptisia, bryonia, belladonna or arsenicum. Saline enemata were administered twice daily, and the patients received peptonized milk during the day and peptonoids during the night. For temperatures over 103° he used tepid baths. These failing, he gave tepid packs, but never ice-baths. One case of hæmorrhage received turpentine 2x. The author attributed the escape of his patients from the prevailing hæmorrhages to the early use of enemata. Pneumonia prevailed during this epidemic, but all his cases escaped even this complication.—*Med. Record*. The doctor was careful not to wear out his patients by too much treatment, and they all recovered under his straight, old-fashioned homœopathic treatment.

GUAIACUM OFFICINALE.—In our rather limited experience with arthritis due to gonorrhœal infection, we have been impressed with the superiority of four remedies over all others that have been tried. These are, in order of general usefulness: Guaiacum officinale, iodide of potassium, rhus tox. and, pulsatilla. There is much in the pathogenesis of guaiacum that is suggestive of its use in gouty and rheumatic affections. It seems to suit those joints in which pain, immobility, contractions, weakness, stiffness, tension and numbness form a clinical picture that is somewhat wanting in redness, heat, swelling and the other usual manifestations of a frank inflammation. It seems to us that the picture is one not uncommon in the arthritides of specific origin. And, guaiacum has been of real use in gonorrhœal rheumatism, relieving the cases rather quickly and finally bringing about a cure, unaided by other drugs. We have not noted any distinct effect upon urethral discharge when the latter has been present. The cases in which it has been most successful have been those in which larger joints were principally affected. In spite of care, we shall frequently have remaining, after rheumatic or gouty attacks, more or less pain and contraction about affected joints. Guaiacum ranks well with such remedies as causticum in such cases. And we imagine there is some analogy between such conditions and the state of the joint affected by the arthritis of gonorrhœa. At all events, guaiacum is something worth looking up, when one is perplexed by an intractable case of this disease.

THE REMOVAL OF SEAT-WORMS.—The seat-worm is best removed by an infusion of quassia. Make an infusion of quassia chips, 2 ounces to water 1 pint. Inject half a pint of this into the rectum, after the latter has been cleansed by an enema of soap and water. Retain as long as possible by pressing upon the anus. If this remedy fails, either there are no seat-worms present, or the injection has not reached them. In case they infest the colon high up, it may be necessary to use a rectal tube, in order that the fluids shall reach their habitat.—*Med. and Surg. Rep.*, from *Med. World*. We would suggest that the worms be "sent down" by the administration of taurinum marum. This excellent remedy is indicated by the nervous symptoms, the itching of the nose and anus, and by the craving appetites of the little ones affected by seat-worms. It is really an effective remedy, if not given too low.



# THE HAHNEMANNIAN MONTHLY.

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SEPTEMBER, 1903.

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## THE PRESENT STATUS OF X-RAY THERAPY.

BY EDWARD M. GRAMM, M.D., PHILADELPHIA, PA.

(Read at the Fiftieth Annual Session of the New Jersey State Homœopathic Medical Society, at Deal Beach, N. J., June 4, 1903.)

EIGHT years ago Roentgen announced his discovery of the X-ray, to which he was led by his investigations of the action of the electric spark upon different degrees of vacuum. This was followed by the discovery that the X-rays impinging on a sensitized plate would produce a positive of the article placed between the rays and the plate; in consequence, human tissues were photographed. During the course of experiments on radiographing human tissues, it was found that the X-rays exerted a destructive action upon them. This led to investigations of the action of the X-ray upon diseased tissue, with the result that a number of affections yielded to its influence and its curative action was demonstrated. Snow says, "A study of the action of the X-ray suggests many uses in therapeutics. At the present time, however, there are results constantly arising from its employment not to be accounted for by any definitely explainable action; such effects must be looked upon as results to be studied." How this curative action is produced has not yet been ascertained; a number of theories explanatory of it has been advanced. Skinner sums them up as follows: "Four hypotheses have been advanced as explanatory of the remarkable influence which X-light exercises over malignant neoplasms.

"The first is that the curative process is brought about through stimulation of the reparative functions, dependent upon the induction of inflammatory reaction, X-ray dermatitis, —a cauterant action in short.

"Now, although in some cases the curative process is unquestionably hastened by inducing some dermatitis, and in still others benefit is apparently not susceptible of induction until dermatitis has been provoked, yet that the *modus operandi* of the X-ray cure of cancer is not through a cauterant action is proven by the large proportion of cases which recover without any evidence of dermatitis having obtained throughout the entire course of recovery. One of the most remarkable, if not the most remarkable, of the X-ray cures of cancer so far recorded was of this class. A still further evidence against the cauterization view is that sloughs are observable in only a small minority of cases, which would not be true if cauterization explained the matter.

"The second and most attractive of the theories which have been advanced as explanatory of the phenomenon assumes that it is produced by reason of direct destructive influence, exercised selectively upon tissues of aberrant development and low vitality. That destruction of diseased tissues does frequently take place, accompanied, especially in deeply-seated malignant processes, by a systemic toxæmia of variable degree, is unquestionably true, but if this were the essential element in the induction of the beneficial influence, it would constitute a clinical phenomenon of uniform and constant occurrence, and in the majority of cases this does not hold good.

"The third explanation involves the contention that cancer is a disease of parasitic origin, and that X-light inhibits or destroys the parasite. The most prominent fact militating against this theory is that, if cancer is caused solely by a pathogenic organism of this nature, and if this organism is susceptible of inhibition or destruction by X-light, then all cases of cancer should be curable by the agent, and clinical experience does not show this to be true. It is conceivable, however, that X-light, while not inherently and directly fatal to a parasite, might be capable of so affecting the tissues forming its pabulum as to render them unsuitable for its development, and, up to the present time, there is nothing in the clinical history of X-

ray therapy in cancer which would be totally incompatible with this modification of the parasitic theory.

“The fourth hypothesis assumes that malignant degeneration is simply a departure from the normal of developmental protoplasmic activity,—a reversion to a more primitive cell-type,—dependent upon deeply-seated constitutional idiosyncrasy and local irritation; and that the character of the vibration period, wave length, and amplitude constituting X-light, possesses the power so to influence molecular motion as to overcome the aberrant tendency of cell-development, and restore the normal characteristics of the formative function. That a factor involving some constitutional idiosyncrasy, as regards the metabolic processes concerned in cell-development, demands consideration, is evidenced by the fact that all cases do not respond to X-ray therapy in the same degree and manner, and that some do not respond at all, while the conditions surrounding these different patients, so far as the pathological phenomena and their management is concerned, are apparently identical in all demonstrable respects.

“If this is the true solution of the problem, it would be expected that X-light would inhibit the malignant process from further inroads upon sound areas, that the foci of degeneration would become surrounded or encapsulated by normal tissue, and, as a large proportion of the erring cells, forming the original mass, would inevitably have become degenerated beyond the possibility of redemption, that the diseased area would thereafter remain as a quiescent tumor, slough *en masse*, or undergo a process of simply atrophy, terminating, at least sometimes, in complete disappearance; and these are precisely the variations which we encounter in the clinical conditions. More light upon the etiology of cancer must be secured before the question of the *modus operandi* of the results of the X-ray therapy can be settled.”

The diseases in which the X-light has been found to be of value are stated by Skinner to be acne anthrax, eczema, cancer, lupus, some forms of neuralgia, neuritis, psoriasis and rheumatism. To these I can add three cases of lupus erythematosus and one tuberculide.

The X-ray, as you know, is produced in glass tubes which have been exhausted to that degree of vacuum which will back



up an electric spark varying in length from an inch and a quarter to several inches.

The energizing apparatus used is either a coil of high potential and frequent alternation, or a large-sized static machine. Each form has its appropriate place. The high-frequency coils are to be used where great penetration of the ray is demanded, as in deeply-seated cancerous conditions, or, where radiographing is to be done with great rapidity; but the electromotive force of the spark produced by the coil is so great that the life of the average tube is very short when subjected to it. For all-round therapeutic work, the static machine is to be preferred, owing to the fact that it produces an X-ray of great steadiness and usually of sufficient penetration.

Many workers have entered the inviting field opened by the discovery of the X-ray, and from all sources encouraging reports are being received. The X-ray therapist of to-day, however, is hampered by the fact that the vast majority of cases which come under his care are those that have been given up as hopeless by all other methods of treatment. It is for that reason impossible to estimate its true value. In spite of the fact just mentioned, numerous cures of diseases which were formerly hopeless have been recorded. Many failures have followed its use, most of which are explainable by the fact that it was used as a *dernier ressort*. Its success, in cases utterly incurable by other means, overbalances the failures.

Its action is truly marvelous and immediate. It can best be seen in ulcerations whether malignant or not; the ulcer becomes glazed and the discharge from it is inhibited for a short time. The tuberculide to which I referred showed a progressive shrinking from the time of the first treatment. A case of lupus vulgaris obtained immediate relief, with a marked decrease of the discharge from the ulcerated surfaces. The disease had destroyed the right side of the upper lip, the tip of the nose (making the opening of the nostrils directly forward instead of downward), and the anterior portion of the hard palate so that the cavity of the mouth and nose communicated by an opening large enough to insert the finger and extending backwards a distance of an inch or more.

The method of treatment is as follows: The patient is placed behind a screen of lead which protects the major portion of the

body from the action of the ray. A sheet of lead is then closely fitted to the part to be treated, leaving the diseased area and a portion of the surrounding normal tissues uncovered. The X-ray tube is supported by a stand at a variable distance from the patient; this distance depends upon the nature of the case and the necessity for a rapid effect upon the malady. In the average case I am in the habit of placing the tube fifteen inches away, bringing it gradually nearer as the patient's tolerance of the ray is ascertained. Carl Beck, of New York, stated about a year ago that he was in the habit of actually placing the tube in contact with the growth in certain cases.

The frequency of the repetition of the raying is a matter which is decided by the nature of the case, the location of the disease and the patient's susceptibility to the action of the X-light. It is a matter of common knowledge that too frequent and too long exposures produce an inflammation which varies from a simple dermatitis to a necrosis of all the soft tissues acted upon. The unfortunate appellation of X-ray burn has been given to this overaction of the X-ray. A similarly unfortunate attempt to classify the various grades of this overaction in three degrees, similar to those of burns, has also been made. This, I consider a grave mistake, for I am sure that the moderate and more severe inflammation produced by the X-light does not follow the course pursued by a typical burn. The amount of accompanying pain and its persistence, and the obstinate character of the ulcer produced, are totally different from the effects of heat. It is a matter of record that the X-ray dermatitis does not develop immediately after the raying. It is said in some cases not to appear for a week, or even two weeks. I am in the habit of giving two treatments a week at the maximum distance of fifteen inches for several weeks, before repeating the dose more frequently. If the exigencies of the case demand more frequent rayings than that, enough time appears to have elapsed at the end of about two weeks to prove that no over-sensitiveness exists. With the more frequent repetition of the exposures, the tube is gradually placed closer to the patient, but at the first sign of reddening, with itching or burning, the tube is placed farther away and the intervals between the treatments lengthened. In this manner a severe

grade of reaction is avoided and the patient enabled to continue the treatment uninterruptedly, for it has been my experience that an aggravation of malignant diseases occurs while waiting for the X-ray dermatitis to heal.

The length of an exposure is variable, dependent again upon the nature of the case, the character and location of the lesion and the necessity for a rapid amelioration of all the conditions present; such, for instance, as would be found in a malignant growth which is very painful, and in a patient much depleted by the ravages of disease. It is best, at first, to give a short exposure at the maximum distance, lengthening the time of exposure rather than bringing the tube closer to the patient during the early treatments. After a number of exposures the normal skin surrounding the lesion becomes darker and assumes the appearance of having been tanned. It is then rendered less susceptible to ill-effects of the X-light. Later, the tube can be placed nearer to the patient, and he be given a short exposure, lengthening this again if over-action does not develop. I have made exposures lasting from five minutes to a half hour in length on consecutive days, and for a long time without producing any bad effects. In my experience, over-action has resulted only when the tube was placed close to the patient, even though the exposures were short.

The greatest interest concerning the efficacy of the X-ray centres in its action in malignant diseases, particularly those which have been operated, and in which surgical methods offer no further hope of relief. The pain which accompanies many of them is oftentimes markedly relieved or completely removed for a longer or shorter time; hæmorrhage is almost invariably stopped, the new growth becomes softer, even if it does not entirely disappear; the general health of the patient is very much benefited, and the cachectic appearance gives place to a more nearly normal look.

The size of the growth has much to do with the amount of benefit which can be derived from the treatment. When the tumor is large and the raying persistently carried out, sooner or later sudden evidences of intoxication show themselves. These are, loss of appetite, nausea, fever, diarrhœa and, possibly, night-sweats. They are caused by the absorption by the system of the broken-down constituents of the tumor. When



this takes place, if it does, the indications are to remove the mass immediately and afterwards return to the raying. Thus it will be seen that it is not possible for the X-ray to stand alone as a method of treating malignant growths; surgery must come to its aid where the size of the growth precludes the possibility of the detritus being carried away in the ordinary manner. Snow says, "The advisability of operation in cases which, without the employment of the X-ray would be considered inoperable, will offer encouragement for a successful termination in many cases."

It has not yet been positively proven that the X-ray prevents the extension of the infiltration around the periphery of a malignant growth. And yet I have a case in mind in which a large sarcoma of the right breast was rayed for some months, until signs of auto-infection appeared, whereupon the breast, as well as an enlarged gland beneath the lower border of the pectoralis major, was removed, leaving behind a number of nodules of sarcomatous infiltration in the pectoralis major. This was deemed advisable in order to preclude the possibility of an attack of pneumonia, as the patient was stout and the operation was performed in winter. Healing took place rapidly and the patient seemed fairly well for some time. Then the usual symptoms of metastasis began to show themselves. The patient became very nervous, sleep was interfered with by a moderate amount of pain, and the characteristic cachectic appearance supervened. The surgeon who operated the case stated, that according to his experience the apparent improvement of the general health of the patient during the time of the raying was unusual, as was also the length of time during which she had comparative comfort after the operation. In view of these facts, it seems to me that the proper procedure in similar cases is to apply the X-ray for some time prior to the operation and also some time afterwards. This position has not yet been taken by surgeons as a class, and yet it would appear that such a method of treatment will give the patient the best possible chance of recovering from the operation and of the non-recurrence of the growth. Skinner corroborates this thought as follows: "In the cases usually looked upon as operable, but even in the most favorable of which as regards prognosis, the percentage of recurrences is so large, it is proba-

ble that in the near future it will be looked upon as wise to invoke the corrective action of the X-light by raying the tumor for two or three weeks before operation, and to endeavor to perpetuate the tendency toward normal tissue-formation by immediately following the removal of the growth with another course of radiotherapy. By thus combining methods, the malignant process is gotten rid of *en masse* and at once, and the patient is given the best possible chance of remaining without the limits of that sixty or seventy per cent. category expressed by the term 'recurrent after operation.'"

All cases of superficial epithelioma that have come under the X-ray treatment have been cured. Skinner also says, "The uniformly gratifying results, reported by nearly everyone as following the application of this agent to the external and superficial forms of this disease, would logically lead up to an attitude toward the use of X-rays in cancer, which may be expressed as follows:

"First. X-light can be relied upon to effect a greater proportion of cures of external cancer than any other measure or combination of measures now known, with the possible exception of massive mercuric cataphoresis as conceived, developed and recommended by Massey.

"Second. In all cases of cancer where it may be considered advisable to use the knife, the already demonstrated influence of X-light in antagonizing cancerous degeneration may be looked upon as indicating its application for a time immediately succeeding the operation in all cases, and, in some cases, for a time immediately preceding the operation as well.

"Third. In all inoperable cases, the X-ray is imperatively indicated, because in a few instances it has apparently effected a cure of processes the most deeply located; in a considerable proportion of cases it has removed pain effectually and improved the victim's general condition markedly, thereby rendering the remnant of his life comfortable, and, lastly, because it is the only measure that offers the victim anything whatever in the line of hope for ultimate recovery or prolongation of life."

Every case of lupus vulgaris, no matter of how long-standing, has been cured. Lupus erythematosus begins to improve with the first raying and gradually progresses to a complete

cure. A case of laryngeal tuberculosis was under my care for some time and seemed benefited for a while. When he first came to me, deglutition was exceedingly painful, his cough was of a peculiar spasmodic, prolonged character, the arytenoid swelling was so great that it was impossible to see into the trachea, and his voice was very husky, causing him to speak with great effort. After two rayings his physician reported to me that the patient was "eating like a horse," and that a small papilloma of the vocal cord, that had not been visible for months, could now be distinctly seen. The pain on deglutition was very much relieved, and the cough assumed a more comfortable character. I treated him irregularly for about three months, his condition, however, having been aggravated by raw, stormy weather several times during the period of treatment. At the end of that time there had not been sufficient improvement to make me feel that a continuance of the treatment would eventuate in a cure.

N. Senn (*New York Medical Journal*, April 18, 1903) reports that he has treated two patients, suffering from pseudo-leukæmia, with the X-rays with very satisfactory results. A medium vacuum-tube was employed and exposures were made daily for the first two weeks, various affected glands being subjected to the rays for one minute only. After thirty-four applications of the X-rays all the enlarged glands had almost entirely disappeared and the general condition of the patient was much improved; when discharged, no glands were palpable; the blood in this patient, however, did not show any characteristic changes. The second patient showed universal enlargement of the lymphatic glands. The blood-examination revealed a well-marked anæmia and a leucocytosis of 208,000, the increase being most marked in the lymphocytes (78.75 per cent.). This patient was also treated with X-rays, and after fifteen exposures he developed slight toxæmia, and the treatment, therefore, was discontinued. However, the general condition of the patient was much improved, and all palpable glands were diminished in size, the number of leucocytes being reduced to 76,000. The treatment was again renewed and steady improvement occurred, ending in cure.

Contemporary literature teems with reports of diseases cured, but I have quoted sufficient to show that the X-light is an ad-



dition to our armamentarium not to be despised. Its possibilities are great; its limitations have not yet been defined. Workers in all fields are ascertaining the one and defining the other.

The X-ray therapist of to-day, however, is hampered by the fact that many of the tubes on the market, while well able to produce the X-ray, lack the ability to stand continuous use during long treatments. This is a matter which must be remedied by the manufacturers. The various weak points of the tubes must be noted from time to time and their defects remedied; for instance, one very excellent tube has its anode and cathode terminals cemented to the tube by ordinary sealing-wax; the cathode terminal usually becomes sufficiently heated during a long treatment to cause the sealing-wax to melt, the cap constituting the terminal to drop off and render the tube liable to puncture. This could be very readily avoided by having both terminals continuous, with the stems supporting the anode and cathode targets, and making these stems heavy enough to support the negative and positive wires from the coil or static machine.

In conclusion, I would say, the longer I work with the X-ray, the more the fact is impressed upon me that at the present time its application should be entrusted only to those skilled in its use. If many physicians endeavor to apply this therapeutic resource without a thorough knowledge of the management of the energizing apparatus and the technique of the treatment, such poor results will be obtained that the X-ray, instead of occupying the high position which it merits, will be laid aside for a long time to come. Careful study and patient investigation are still needed, but if those who have already devoted their best thought to the development of X-ray therapy and those whose inclinations lead them to an investigation of its possibilities will calmly and with a judicious mind ascertain its place in medicine, "We have abundant reason to believe that some of the awful scourges of humanity will be shorn of their terror." (Snow.)

CONSIDERATION OF THE TREATMENT OF GASTRIC ULCER, WITH SOME  
REMARKS CONCERNING THE DOMAIN OF SURGERY IN THE  
HEALING OF THE ULCER AND THE RELIEF  
OF ITS SEQUELÆ.

BY CLARENCE BARTLETT, M.D., PHILADELPHIA.

(Read before the American Institute of Homœopathy, June 26, 1903.)

THE recently published works of Robson and Moynihan, of England, and Mayo, of this country, have awakened an unusual interest in the surgical treatment of gastric ulcer and its numerous sequelæ. The remarkable success attained by these men may well be said to be in danger of causing an ill-judged enthusiasm on the part of the unthinking, and thereby expose to the knife patients whose cases required but intelligent medical treatment. As evidence of this assertion, I need but quote from an editorial in the *Medical News* of May 16, 1903, as follows:

“Digestive disturbances have ever been the bane of our people and the humiliation of our profession. What prospect of relief is there in the future of gastric surgery?”

“Such men as Mayo, Rodman, Ochsner and others are teaching that practically all of the surgical diseases of the stomach are the product of gastric ulcer. Who will say that Mayo, that master of American surgery, is not a true prophet when he proclaimed that ‘we, as externists, shall soon be able to say to the internist, send to us your intractable cases of neurasthenia, of hysteria, of conformed gastric irritability and dyspepsia, and we will, at the end of a simple and virtually safe operation, hand you the excised ulcer which you were unable to cure, and which was the causative factor in the condition.’ When that time comes, and come it will, the surgery of the stomach will have reached its goal.

“The corollary of all this for the general practitioner is, that he should make up his mind that those of his patients who have vague gastric symptoms which do not respond to rational treatment may not longer be left to their own devices. Such people usually have ulcers of the stomach or duodenum.”

An editorial of this kind is well calculated to do considerable

harm among the unthinking and those who are inclined to believe all that is taught by the editorial pen, for editors are like other people and may make mistakes. The idea of operating cases presenting the phenomena of gastric neurasthenia, on the hypothesis that ulceration is the foundation of the symptoms, strikes those who have treated many cases of these complaints as in the highest degree ridiculous. Sweeping advice of this kind must do an unlimited amount of harm to legitimate surgery. It must awaken unreasonable prejudices on the part of medical men who, recognizing that the writer is certainly mistaken in part, not unnaturally assume that he is wrong *in toto*.

It is my belief that many cases of ulcer of the stomach which are now permitted to go untreated by the surgeon are undergoing unnecessary invalidism, to say nothing of the danger of life. I must say, also, that when the writings of the masters of gastric surgery are carefully analyzed, one finds but little in them to criticize, especially when we recognize that they are detailing merely their own experience.

The dangerous character of gastric ulcer does not seem to have sufficiently impressed itself upon the majority of physicians. The oft-quoted statement that 5 per cent. of stomachs examined at autopsies give evidence of healed ulceration, and the infrequency with which gastric ulcer as the cause of death appears in mortality reports, is largely accountable for this belief.

“According to Lebert, as quoted by Dr. Dreschfeld, death occurs in 10 per cent. of all ulcers,  $6\frac{1}{2}$  per cent. occurring from perforation and  $3\frac{1}{2}$  per cent. from hæmorrhage. Habershon says that perforation occurs in 18 per cent. of all cases of ulcer of the stomach, and Brinton, in 15 per cent., to which must be added the mortality from hæmorrhage, which according to Müller is 11 per cent. of all cases of ulcer, the average of all authorities being 5 per cent.; so that, allowing 15 per cent. to represent the mortality from perforation and 5 per cent. that from hæmorrhage, the mortality of gastric ulcer treated medically is at least 20 per cent. . . . Brinton gives the mortality from all causes in gastric ulcer at 50 per cent.”

Statistics of this general character are valuable as representing the prognosis of gastric ulcer as treated by a large number of physicians,—the good and bad alike. Bramwell, analyzing



156 cases of his own, makes his mortality 5.6 per cent. And this I believe will represent the mortality of the disease when treated medically by men who will force their patients to adopt proper measures for their cure.

Any charge of undue enthusiasm in advising resort to surgery on the part of Robson and Moynihan can well be refuted in the opening sentence of their remarks upon treatment. They say: "The treatment of gastric ulcer is, at first, essentially medical, and when properly carried out, and for a sufficient length of time, it is usually completely successful." Let me say that the words "when properly carried out," and "for a sufficient length of time," show just wherein the medical man fails in his management of cases of gastric ulcer.

We are now brought face to face with the first problem in the therapeusis of gastric ulcer, namely, its medical management, and it is right here that the most serious, if not actually fatal, errors are committed. Given a diagnosis of gastric ulcer, the patient should be placed under proper management, just as he would were typhoid fever suspected. The time wasted in not instituting proper measures oftentimes means the difference between success and failure.

The sole indication, other than the administration of medicines in the treatment of gastric ulcer, is local and general rest. To the accomplishment of this end, attention to numerous details is absolutely necessary. As subordinate portions of the treatment, nutrition of the patient must be maintained, suffering must be relieved, and the complications must be combatted. It is to be assumed that this treatment, in order to be successful, must have been adopted early in the course of the case, and before such complications have taken place, for it is hardly possible that said complications can ever be amenable to anything short of surgical measures.

The rest must be absolute, and must be continued for a period of never less than three weeks, and it will be better if a rest for a longer period can be enforced. Patients will object to this, as it takes them away from their usual occupations, and resent it as unnecessarily severe, arguing that they are able to go about with comparative comfort. No compromise should be allowed on this point. Under no circumstances would I consent to the patient getting out of bed under three

weeks, and it will be better yet if the time of getting up is postponed until three weeks after the subsidence of all symptoms. In view of the seriousness of the disease, the liability to relapse and the prospect of thereby going through the treatment once more, it is well to make the result as certain as human affairs can be made by insisting upon the full period. The greatest attention should be paid to detail in enforcing this rest. The patient must not be permitted to rise for either stool or urination. He must not be permitted to see company, for his friends will surely lead him to talk and laugh, and these acts involve more or less movement of the diaphragm, which, in turn, is imparted to the stomach. Rest in the treatment of ulcer of the stomach means rest. Carried out as it should be, it is irksome, but it is beneficial.

The stomach must be relieved of all work. To this end, no food should be given by the mouth, and rectal alimentation must be substituted. For this purpose there should be administered by the rectum, three times daily, a mixture consisting of 8 ounces of milk, 1 egg and a saltspoonful of salt. Attention should, of course, be given to all the technical details involved in rectal feeding. At the end of five days, or, if the patient can go without food that long, seven days, feeding by the mouth may be commenced. At first, but 1 ounce of milk may be administered every hour, and this for the first day. The next day, 2 ounces may be given every two hours; on the third day, 3 ounces every three hours; and so on, until the patient is taking 8 ounces of milk three times daily. Of course, this quantity of food is not nourishing the patient satisfactorily; it is not expected that it will. So it may prove to be a wise plan to supplement it by continuing the rectal feeding twice daily.

At the end of the second week of the treatment, the patient may be permitted broths and bouillon in addition to the milk, and the intervals of feeding may be considerably reduced. Finally, finely divided meats, raw oysters, sweetbreads, well-cooked rice, spinach and mashed potatoes may be permitted, in small quantities at first, gradually increasing the amount in accordance with observations made as to their effects and the condition of the stomach. It is of the greatest importance that the foods prescribed be given at a lukewarm temperature, as excessive heat and cold are deleterious.

Some authorities recommend the administration of milk by the mouth, in conjunction with general rest in bed from the first. In cases in which rectal alimentation is not tolerated, though I have never met with any such, a compromise may be permitted on this point. *But the physician should not compromise until he finds himself beaten.*

There can be no question that gastric ulcer is dependent, in part, upon hyperchlorhydria. Neutralization of this condition has been considered by some as part of the treatment. Fortunately, the absolute rest given the stomach by the rigid treatment lessens the gastric secretion; hence the hyperchlorhydria seldom requires special treatment. Should special measures be demanded in any case, though I have never seen such, one may resort to material doses of bicarbonate of soda or calcined magnesia. Mathieu teaches that the chemical correction of the hyperacidity constitutes an efficient treatment of itself, and to this end recommends the administration of alkalies in all cases. It seems to me, however, that such treatment is unwise, for, while it tends to relieve subjective symptoms, it cannot be as efficient as the rest treatment, and must, by reason of the relief experienced, permit, in some cases at least, the ulceration to progress to a dangerous extent.

The argument that many cases of gastric ulcer heal spontaneously should not weigh against the adoption of the stringent measures I have advised, for we have had such arguments presented in the case of appendicitis, 80 per cent. of which it is admitted by the surgeons will never require operation. But, as in the case of appendicitis, one can never tell which cases will result disastrously, and so we must cure the ulcer.

Now, it is my belief that nearly all cases of gastric ulcer will yield to the treatment above outlined.

Failure to restore to health must occur in some cases. Unfortunate results are to be attributed to the progress of the lesion, before the institution of proper treatment or to the existence of complications. Practically all of the latter require surgical intervention.

If the medical treatment of gastric ulcer is not an unquestionable success at the end of eight weeks, then I say it is time the surgeon is consulted. Again, no delay is to be countenanced. The prolonged rest has, undoubtedly, brought about



healing to a certain extent, and the surgeon's measures are more likely to prove successful than if the case is permitted to go on for an indefinite period. It seems like folly to advise further temporizing, for an ulceration that will not heal under such treatment must be a serious matter.

As to the surgical measures to be adopted in the treatment of gastric ulcer, much depends upon the nature of the case as determined after the abdomen has been opened. The clinical observations of Robson and Moynihan seem to demonstrate that gastro-enterostomy, by reason of its ability to drain the stomach, gives rest to the organ, and thereby promotes healing of the ulcer. The fatality of the operation is low. Posterior gastro-enterostomy, which is the only one permissible, has yielded but two deaths in forty operations by Robson. Anterior gastro-enterostomy has a larger mortality, and, moreover, when performed for the relief or cure of benign disease of the stomach, is extremely liable to be followed by jejunal ulceration, as shown by Mikulicz and others. Excision of the ulcer seems to be losing ground as a procedure by preference. It adds to the danger of the case, and can be obviated by safer measures. The argument that excision does away with a bad scar, and thereby lessens the possibility of subsequent carcinoma, does not seem to be worth much, for careful clinico-pathological studies conducted by Osler and Macrae show that carcinoma of the stomach is very seldom engrafted upon the cicatrix of an old ulcer.

Time will be required before the exact sphere of gastro-enterostomy and its ultimate results can be determined. Thus far, experience demonstrates that the peristaltic power of the stomach is much improved, that hyperacidity when present is reduced, that the dilated stomach gradually returns to its normal size, and that a sphincter develops at the new opening, the power of which increases with use.

Much has been made of the influence of adhesions of the stomach to adjacent organs, as a cause of ill-health. Personally, I have very serious doubts if this complication of ulcer is often encountered clinically. Nevertheless, it is a conceivable lesion, and one would suppose *a priori* that it should be common. At any rate, an exploratory laparotomy should discover their presence, when they can be treated.

Surgical intervention in gastric hæmorrhage is not to be advised unless the case is one of extreme urgency or obstinacy. About 95 per cent. of the cases of hæmatemesis yield nicely to medicinal and hygienic measures, and that, too, generally within twenty-four to thirty-six hours. The cases which should be reserved for operation are those in which the bleeding shows no sign of abating at the end of this time, cases in which two or more attacks of hæmorrhage have occurred and where the loss of blood is great, and the preceding history of ulceration unquestionable. Too much time must not be lost in deciding for operation in doubtful cases, for observation has shown that in the majority of fatal cases the unfortunate result has taken place within twenty-four to thirty-six hours.

So far as perforation of the stomach is concerned, this accident is almost inevitably fatal left untreated, and no time should be lost before operation is performed. Surgery reduces the mortality to one-half. The shortness of time elapsing after perforation has much to do with the success of the treatment.

Dilatation of the stomach may be treated by gastro-enterostomy. Hitherto, it is a common practice to advise daily lavage, which, of course, is not a curative measure. While the patient experiences considerable relief, nevertheless his illness gradually progresses to a fatal issue.

While there is much to be hoped for in the surgical treatment of gastric disorders, the maximum of good results cannot be attained until physicians pay attention to diagnostic accuracy and develop a high degree of examination technique. The surgeon is supposed to be a surgeon, and cannot be expected to be omniscient. He does not claim to be. The frequency with which he is brought in contact with cases that had for many months passed the realm of medicine, and oft-times beyond the aid of surgery, is certainly exasperating to him.

The physician should in his treatment of gastric disorders pay strict attention to every little detail, otherwise he loses the opportunity of scoring a success for medicine, and he makes an operation necessary.

Physician and surgeon must not be carried away by the results of surgical masters and operate indiscriminately on life-

long dyspeptics. The assertion that the majority of such are suffering from the effects of ulcer is in the highest degree ridiculous, for they are neurotics. This is proven beyond dispute by the clinical courses pursued by the cases. If improvement follows operation in such instances, it proves nothing, excepting the value of suggestion and rest in the treatment of gastric disorders.

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## STATE VERSUS LOCAL CONTROL OF STATE CHARITABLE INSTITUTIONS.

BY J. W. LESEUR, M.D., BATAVIA, N. Y.

(Read before the Homœopathic Medical Society of Western New York.)

THE past three years have been productive of much discussion concerning State institutions and their management. The fact that many and diversified opinions exist as to the present status of State charitable institutions is generally conceded. Political influence has been both the bane and the blessing of the great charitable institutions which have slowly but steadily grown in the Empire State. Our apology for the discussion of this subject, if any apology be needed for the discussion of a live question before the Western Homœopathic Medical Society, is that the growth and development of these great institutions has been due, in a larger degree than we are accustomed to think, to the intelligent forethought, judicious planning and enthusiastic effort of the physicians of the Empire State, and if it be true that these institutions, which have grown under the fostering care of the physicians of this State, are endangered, then we cannot be disinterested spectators. If the efficiency of these State organizations is likely to be diminished, or by any combination of circumstances imperilled, we are actively interested.

A question of intense interest to us at the present time is the one embraced in the subject of this paper. It is not our purpose to furnish a complete discussion of the question involved, but only to note some salient points of interest, hoping thereby to incite a new interest and enthusiasm in the consideration of our State charitable institutions. We may reason-



ably expect that a discussion of the question at issue may result in an effort, upon the part of the physicians of the State, to secure such control and administration of State charitable institutions as shall result in the greatest possible good to those persons who, by reason of circumstances over which they have no control, have become the more or less helpless wards of the State. It is a well-known fact that during the past three years the tendency of the times is towards centralization. This is true in every department of the educational, industrial and commercial world. The reason that this tendency has so rapidly developed in recent years may be found in the fact that by such centralization efficiency is increased and friction is diminished. It has become a settled policy in almost every department of business activity to employ as small a number of individuals as possible to perform a given amount of work; and this policy, if carried into educational affairs, naturally leads to unification in administration of charitable institutions. In fact, one of the principal reasons advanced by the Governor of this State for personal inspection of State institutions and for his direct effort to secure more complete State control for such institutions is, it is his opinion, that the expense of maintenance and administration could be largely decreased and even a higher degree of efficiency obtained. Whether or not this proposition is entirely correct can be determined only when time and experience have both entered into a solution of the problem. What we are interested, perhaps, most in answering for ourself—for our action will be largely influenced by our thinking here—is the question whether or not the same principle which applies to other business interests can be successfully applied to this somewhat unusual institution which, for want of a better name, we call a State charity.

The friends of State control of charitable institutions will strongly maintain that any organization which is supported by State taxation should logically come under the absolute control of State officers, and that local boards of managers can have no sound reason for claiming the right to appropriate and direct the expenditure of funds raised by State taxation. Opposed to that view a statement will be made that most of the State charitable institutions have received large local grants, either of lands or money, and therefore there is a sense in

which these institutions, although called State institutions, are the outcome of local personal benevolence. And they may further urge that local boards of managers, being familiar with the details of daily routine in these State institutions, are better qualified to judge of the needs of pupils or inmates than an executive officer who can visit the State institution but rarely and cannot familiarize himself fully with the minutiae of its administration.

Again, the condition which now exists makes boards of managers or trustees of these State institutions responsible under the law for their management, and at the same time laws, which are seemingly conflicting, deprive said boards of management of power to exercise any absolute control. In a word, they are made responsible for management and given no power to manage, hence it would seem under the present laws that the only natural course is to allow State officers to manage *in name* as well as *in fact*.

A reason for this unusual unsatisfactory condition of affairs may be found in the fact that politicians are constantly seeking for more power of control, for the supervision and direction of the expenditure of State money, and to-day it is a question whether so-called political methods are or are not more likely to prevail under centralized State control than under local boards of management.

The history of the appointment of managers of State charitable institutions will probably show that they are usually selected for political reasons, to a greater or less extent. They are certain to be selected so that the political party in power will have a controlling vote upon the given board, and it is a well-known fact that in a majority of these institutions, which are supposed to be educational in their character, although there are notable exceptions, the men selected as managers are not conspicuous for any special educational training they have received, nor for any noteworthy experience as educators, but rather because they have what "Mr. Dooley" characterizes as "influence." It is probably safe to say that a majority of the managers so appointed are not heard of as contracting incurable insomnia by reason of their continuously sitting up at night to study the educational possibilities of their respective institutions. The unwritten history of local boards of

managers in general would probably show that more time had been spent by the several members, in striving to find some position for some political favorite, than had been spent in honest effort to ameliorate the condition of the persons the State has submitted to their care.

Now, allowing that we have stated facts in the preceding paragraphs, how do these facts effect physicians of the State of New York? Do existing conditions limit the usefulness of State charitable institutions, and, if so, are these conditions remediable in any degree by the unified efforts of the physicians of the State? Do the helpless ones suffer from the fact that efforts are made to utilize State charitable institutions for political advantages? If so, then every physician in the State, as well as every citizen, cannot, by closing his eyes and ears, evade responsibility.

It may be that you are now willing to agree with me to the following proposition: all State educational and charitable institutions, whether supported partly by State taxation, as high-schools and academies, or supported wholly by State taxation, as schools for the blind or deaf or dumb, should be placed under control of educational authorities having the best and most information, appliances and experience in educational matters. Industrial and mechanical instruction should have more attention. All management, including all expenditures, should be removed from the exigencies of political changes "as far as the east is from the west." All physicians, as a body of intelligent men, having more or less constant care of those who become wards of the State, are bound to use their influence to secure the best possible supervision for these persons so greatly in need of thoughtful attention.

Every superintendent and every instructor in the State institutions should pass a civil-service examination, arranged by experienced educators, and provision should be made to prevent political "pull" and "party preference" having anything to do with securing or retaining such positions.

Suitable legislation along this line is imperatively demanded. Massachusetts has recently set us an example in the enactment of a law providing for the employment, under State supervision, of those persons who have been graduated from State charitable institutions; and it is a pleasure to note, in this connection, that



an honored member of this society, the efficient chairman of the Managers of the State School for the Blind, at Batavia, N. Y., has recently secured the introduction of a bill in our own New York State Legislature, intended to provide opportunities for persons, who have been educated in State charitable institutions and taught some useful trade therein, to become self-sustaining, self-respecting and useful members of society. This question is yet far from a satisfactory solution. It would seem that absolute, and entire, and exclusive control of State institutions by State officers is not, at present, entirely feasible. It is clear that absolute and entire and exclusive control of State charitable institutions by local boards of managers, appointed by whichever political party chances to be in power, is undesirable. What then? Only this: educational, non-political control and management of all State charitable institutions "is a consummation most devoutly to be wished," and, perhaps, in the near future, may be possible by the united efforts of intelligent, earnest, enthusiastic, non-partisan physicians and their friends.

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#### A CASE OF FATTY DEGENERATION OF THE HEART, WITH DILATATION.

(Paper Presented to the Saturday Night Club of Microscopists.)

BY DRs. C. R. NORTON AND S. W. SAPPINGTON.

MR. X.; aged 54 years; clerk; a short, stout, large-chested man. The early history of this person does not throw much light on the origin of the disease of which he died, except as the circumstances of his early life may be suggestive of the possibility of specific infection, though the birth of two healthy children and the absence of any signs of specific lesions make that possibility a remote one. When he was a young man he served for several years on various vessels of the U. S. Navy in the capacity of apothecary. He then used tobacco, but I have no history as to the use of alcohol. For the last thirty years of his life he did not use tobacco nor alcohol. His father died of blood-poisoning from a wound. His mother lived to be 68 years old; the cause of her death is not known to me. One brother was drowned; one sister died of cancer at the age of 30; another of diabetes (under my observation) at the age of 51; and one sister is living, who is 65.

Mr. X. worked excessively for many years. Rising at 4.30 or 5, he would work on his shorthand-papers (he taught shorthand outside his regular business hours) till it was time to go to the office; would work all day at the office at clerical labor, and, after supper, again take up the shorthand (teaching) till about 11 P.M. This was the routine for many years.

About three years ago he gave up the shorthand, but continued to rise early and to go earlier to the office and to remain later than the other clerks. He was always busy, was intense in his work, and, during these latter years, as well as in the former ones, he wrote for literary magazines and papers. His habits, as far as we know them, have been good for the past thirty years, except as regards overwork.

He ate heartily at breakfast and supper and partook of only a light lunch.

His family think that he was always under a strain in the performance of his duties, since he was ever determined to excel in his work. About three years since he had a most deep and bitter disappointment in failing to receive a promotion for which he had been striving some years, and which he felt was his due.

It is plain that his whole life was too sedentary. We cannot discover that he ever over-strained his heart by any violent exertion.

With this introduction, which has been written from an etiological standpoint, but which has yielded so scant a result, I will now detail the history of the case as it presented itself to me.

I was called in the late evening of the 7th of November last to find the patient sitting with the windows of the room open, and evidencing the most extreme dyspnœa, rapid respirations, rapid pulse with marked tension, cough, moist râles over the entire chest, especially marked posteriorly and at the bases of the lungs, I got, at the time, the account of a gradually increasing shortness of breathing for the past two years, but to a slight degree only, until within the last few months, when the dyspnœa had become at times urgent, though for but short periods. He had, sometimes, to stop walking on account of the shortness of breath.

In the early evening of the severe attack he had had a short

and sharp dyspnœa while on the street. I gave at once, on seeing him, nitr. glycerine  $\frac{1}{100}$  of a grain on the tongue, and prepared a dose of strychnia for hypodermatic use, though before it was ready the breathing was better; still I gave the strychnia. The heart-sounds were feeble, no murmurs noted, but the dulness of the heart was found, on percussion, to extend an inch beyond the left nipple line. The rest of the night was spent somewhat more comfortably with the aid of an occasional dose of nitr. glycerine. The urine was examined later; it was scant, with excessive deposit of urates; this excess continued for several days in decreasing amount. The urine, besides, showed, a day or two subsequent to the date named, with a quantity of, perhaps, one pint for the twenty-four hours, a specific gravity of 1022, acid, very dark color, a faint trace of albumin and a decided copper reduction, not, in my opinion, due to glucose. The condition of dyspnœa continued, with excessive high pulse-tension, to a greater or less degree. He was not able to lie down with any comfort until I finally gave morphia sulph. hypodermatically. This remedy reduced the tension to a degree which permitted his lying down for a short rest; it was repeated a number of times and always with some benefit. The general condition remained about the same until twenty-four hours before his death, which occurred on the 16th of November. I noted on the visit of November 15th that a marked change had occurred during the night. The face was pallid and the hands cold, and increasing distress had set in, due to the failing heart.

Unconsciousness took place some hours before death, and during this comatose state there developed a hemiplegia.

The post-mortem examination was made twenty-four hours after death by Dr. Sappington; the body had been injected with an embalming-fluid containing formalin. I made the following record: Thick layer of fat over thorax and abdomen; costal cartilages much ossified.

Lungs showed passive congestion, some slight adhesions at apices, slight tubercular deposit at left apex.

The pericardial sac contained a normal quantity of fluid; there was much increase of fat on pericardial walls; pericardial plaques on both layers. The heart enlarged, very fatty; right side showed the auricular ventricular orifice dilated,



the auricular walls fatty, muscle thin, yellow and unusually soft; left side, cavity filled with dark grumous blood, cavity dilated, walls thinned. Atheromatous plaques involving mitral valve and base of the aorta, especially the latter; some plaques about the orifices of the coronary arteries. Aortic valves normal.

General condition of heart: hypertrophy, with dilatation; fatty, considerable atheromatous degeneration.

Liver: nutmeg congestion, fatty.

Spleen: hard and atrophic.

Kidneys: slightly decreased in size, superficially congested, surfaces irregular, fatty.

The heart weighed 515 grams (300 grams). It measured 15 cm. (12.7) in length, 10 cm. in breadth (8.9), and 7 cm. (6.3) in thickness. The color varied considerably. Externally a brownish-red prevailed, but the superficial fat was increased, notably over the right heart, adding a yellow tinge. The heart, in general, had not the tendency to flatten itself out, as in fatty degeneration, but rather presented a fulness and bulging, suggestive of hypertrophy.

On opening the organ, the right ventricle was found to measure in thickness about 10 mm. (6), 7 mm. of this being fat. The left ventricle measured about 15 mm. (12) in thickness. The thickness of both ventricles varied a great deal in different portions. The appearance of the muscle was markedly altered. As a whole the color was paler than normal. Scattered through both ventricles, particularly the left, were grayish-white lines and areas, firm to touch, and evidently sclerotic. Other portions, also more marked in the left ventricles, were of Laennec's faded-leaf color, soft, rather sharply circumscribed, and extended in from the endocardium about 55 mm., varying in length from 10 to 30 mm. One of these areas presented a special appearance microscopically. The papillary muscles of the left ventricle, and to some extent of the right, showed degenerative changes in a thickened endocardium and gray and yellow streaks, probably of fibrous and fatty tissue. At the apex of the right ventricle as a slightly pouched portion of the wall, marking a beginning cardiac aneurysm. This local dilatation is circular, about 35 mm. in diameter, and is lined by a fibrous plaque which is reported on below. The aorta showed nodular and diffuse arterio-sclerosis.

The coronary arteries showed remarkable changes. The right coronary was almost completely obstructed for the first 3 or 4 cm. of its course by sclerotic thickening in which there was marked calcification. The left coronary and its branches, as well as other portions of the right, showed diminution and distortion of the lumen, with thickened and calcified walls.

The microscopic report is best begun with the coronary arteries, inasmuch as they are the causative factors in the case. Various sections of both arteries showed at all times a narrowed and distorted lumen. In some sections the lumen was almost obliterated (endarteritis obliterans). The endothelial lining was not observed. The sub-endothelial tissue was extremely thickened in every specimen examined, though different portions of the same section varied three or four times in thickness. The new tissue was connective tissue, and immediately next to lumen was cellular, but proceeding externally, the tissue became more fibrillated and non-cellular. Near the media were seen large, oval, circumscribed more or less broken down areas. These areas had undergone necrosis and fatty degeneration, as shown with the osmic acid stain. Many parts showed the deposit of lime salts (calcification). The elastic tissue had in great part disappeared. The media was markedly thinned, and both it and the hyperplastic intima contained blood-vessels. The adventitia was also thinned, in places infiltrated with round cells, and, in conjunction with media, exhibited more or less hyaline degeneration. The surrounding fat, as well as the epicardial fat, showed what is apparently mucoid degeneration.

The myocardium evidenced fibrous myocarditis and fatty degeneration. The fibrous changes predominated and involved especially the left ventricle, where extensive areas of connective tissue replaced the muscle. Sections stained with osmic acid showed certain fibres filled with black granules of fat longitudinally arranged. Many fibres, however, were unchanged, and both the longitudinal and transverse striations could be well seen. The papillary muscles of the left ventricle exhibited most extensive fibroid replacement, while fatty changes were not marked, contrary to what we would expect. Portions stained for elastic tissue presented localized thickenings of the endocardium containing many elastic fibres. These involved

especially the left ventricle. The marked yellow soft area of special appearance showed a peculiar yellowish-red hyaline appearance of the muscle fibres, with loss of striation and nuclei and infiltration between single fibres and bundles of fibres. This infiltration consisted partly of leucocytes and partly of cells or tissue which seemed to have undergone necrosis and which we were not able to identify. The whole area we considered to represent the condition known as myomalacia cordis, described by Ziegler. Examination of the suspected cardiac aneurysm showed the underlying heart substance to be largely replaced by fibrous tissue. As the surface was approached the connective tissue became more and more compact and fibrillar, until at the edge it was represented by a dense layer covered by a thrombus apparently undergoing organization. The superficial fibrous tissue was also suspected of being the remains of former thrombi. Section of the aorta showed a thickened intima, with some fatty degeneration of the new formed tissue.

One kidney, which was removed, weighed 140 grams (150), and measured 12x6, 5x4 cm. (12x6x4). The relations of the cortex and medulla were about normal. Microscopic examination showed some patchy interstitial changes, but the condition was not marked. Sections stained with osmic acid were practically negative.

To summarize, the conditions found were :

Advanced sclerosis of the coronary arteries.

Fibrous myocarditis.

Fatty degeneration of the myocardium.

Myomalacia cordis.

Chronic endocarditis.

Cardiac aneurysm.

Thrombosis.

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EARLY CLINICAL DIAGNOSIS OF PHTHISIS.—After a case of phthisis has so far progressed as to have produced profound lung changes, with all the accompanying general symptoms, any tyro in medicine can make the diagnosis. But in the incipient stage of the disease, when there is no bacilli-bearing sputum, and when the local signs are still very obscure, it demands the nicest diagnostic acumen to make a positive diagnosis. In this early clinical diagnosis, four general symptoms stand out in striking importance. 1. Pyrexia. 2. Sensitive, excitable pulse. 3. Loss of strength. 4. Emaciation. —Chas. Gatchell, in *Clinique*.



## PELVIC ABSCESS.

BY W. LOUIS HARTMAN, M.D., SYRACUSE, N. Y.

Surgeon to Syracuse Homœopathic Hospital, New York Central & Hudson River Railroad, West Shore Railroad, and Rome, Watertown & Ogdensburg Railroad.

SOME time ago my attention was called to the fact that I was expected to read a paper before this association on some subject pertaining to gynæcology; and as the general practitioner has, with just cause, complained that the specialists were monopolizing the society, I have endeavored to write a paper which would be interesting to both the general practitioner and the specialist; in fact, perhaps of greater interest to the former than to the latter, as general men usually see this class of cases first.

Let us first consider the cause, or causes, of pelvic abscess. The first and foremost cause, as we all know, is gonorrhœa, purulent endometritis of a chronic nature, retained placenta, dirty instruments, and last, but not least, appendicitis. Of course, when we speak of pelvic abscess, we include pyosalpinx, as it is, as a rule, productive of general pelvic supuration. Very often we are called to see cases where there is a tumor developing in the pelvic cavity. The patient does not give a clear-cut history of pus anywhere in the body, and yet there is a depreciation of the whole system. The patient becomes anæmic and complains of a great deal of pelvic irritation, and upon examination we find inflammation. We at once proceed to find some history of gonorrhœa, but our search is fruitless. While this is a case of pyosalpinx, we conclude that this certainly is not a case resulting from gonorrhœal infection. We must, however, not lose sight of the fact that we may have gonorrhœa or a specific infection in the female, and the patient be unaware of the fact, believing it to be some inflammatory condition due to taking cold, or to an irregularity of menstruation.

We might face a condition, which I thoroughly believe in, that, as long as there is a gleet discharge from the male,

there is always danger of infecting the endometrium, may run its acute course in a very few days, and the patient think that she simply has leucorrhœa. You are all aware of the fact that many patients have leucorrhœa and pay no attention to the same, and, therefore, they allow *this* condition to continue until it becomes chronic. At first, it may simply be of the cervical variety; but in time, if this is not properly treated, it certainly will become uterine, and we all know that infection will ultimately extend into the tubes, unless it is thoroughly eradicated before it reaches the point of entrance. Now, this is the class of cases where we are unable to elicit a history of gonorrhœa. We may ask the husband if he has been infected and he will say no, from the fact that the gleet discharge is so slight that he does not appreciate or realize that it is sufficient to produce transmission.

Chronic endometritis which is of specific origin and has run for a long time,—a period of years,—may not involve the tubes; in fact, go on for so long that the patient will almost forget that she has suffered with uterine or a pelvic inflammation. In these cases we must be very guarded when we make a diagnosis; also a prognosis.

In pyosalpinx, one or both sides may be affected at the same time. We may have just the simple pyosalpinx, with slight adhesions, or we may have this complicated with cellulitis, and the pelvic cavity become one solid mass. This, however, depends upon the length of time and the chronicity of the case.

Now we come to the purulent endometritis, not due to gonorrhœa, but to the breaking down of the endometrium, due to chronic inflammatory conditions; as very often we get a breaking down of an œdematous growth in this cavity, frequently the direct result of intrauterine applications made in a careless way.

Next we have retained placenta. This variety, of course, produces what used to be known as a true pelvic abscess, where the infection involves the cellular tissues as well as the tubes. It is very acute and runs its course very rapidly.

Dirty instruments introduced into the uterine cavity often-times produce conditions of this sort. Therefore, the uterine sound is a dangerous instrument to use promiscuously.

Appendicitis is also productive of pelvic abscess, where the appendix is exceptionally long, hangs down in the pelvic cavity, and is affected by inflammation when suppuration takes place, in which event the whole pelvic cavity may become involved, and you may be obliged to destroy or remove all of the generative organs as a result.

Now, let us take into consideration the symptoms that are produced by pelvic abscess. As a usual thing, not always, however, this trouble is ushered in with a chill, headache, backache, heavy feeling in pelvic cavity. The latter feeling is not constant, however. There may be a sharp rise in the temperature, going to  $105^{\circ}$ . On the other hand, the temperature may not rise above  $102^{\circ}$ . The patient looks very sick; stomach liable to be irritated, sometimes nausea, but not always; bowels are liable to constipation. In fact, if we are not careful we are liable in the first stages, and as is oftentimes done, to make a diagnosis of typhoid fever. The chill should not be relied upon, for it is not a constant symptom; it may be so slight that the patient thinks it is simply a change in the weather and that she needs more clothing to keep her warm. When we have a case of this sort, and there is a doubt in the physician's mind as to the diagnosis, whether or not he has typhoid fever to deal with, it is always better to make an examination of the pelvic organs to ascertain, if possible, whether the trouble does not arise wholly from this source; for very often early treatment in these cases will prevent the sacrifice of all the generative organs. The vagina, as a rule, in the early stages will be found hot, dry and lacking secretion; tender upon manipulation. The cervix is quite liable to be in a patulous condition.

I can see, in a way, how one might make a mistake in diagnosis and call this typhoid fever, as very often there is considerable tenderness in the right iliac region. This is due often to the inflammation following up the appendicular ovarian ligament. But there is no excuse for a diagnosis of this sort, if one make a careful inspection of his case.

How shall we prevent conditions of this sort? One of the primary things to do, whenever we are called upon to treat in the acute, subacute or chronic stage, irritation or discharge arising from the vagina, cervix or uterus, is to make our patient thoroughly understand the gravity of the condition so that she will remain under treatment a sufficient length of time to become



permanently cured. One should not rely upon inspection or local examination to satisfy one's self that a case of gonorrhœa is cured, but should submit the secretions to a bacteriological test and *be sure*. When we have a subacute or chronic condition of the cervix or the uterine cavity, we should always curette, pack properly, and heal the surface thoroughly, treating it none other than a surgical case until the parts are returned to perfect health. By doing this we will prevent a great deal of trouble, and often be the means of saving the patient from becoming barren. Curetting the uterus does not produce sterility nearly as often as do applications which are made to the endometrium.

The next question that arises is, when we have a pelvic abscess, be it cellular, pyosalpinx, or both, how shall we treat it? If it is a case where there has been the running of a rapid course, the patient being in good condition, or comparatively so, the adhesions not extensive, my advice would be to open the abdomen and remove the mass at once; this in case of pyosalpinx. If we have the two varieties, of course, we must necessarily have extensive and direct adhesions, and the abscess being large the patient's condition is necessarily bad; therefore, unable to stand the shock of long dissections and possibly additional infection, my advice is to go through the pelvis and drain the abscess first; then if it becomes necessary, after the patient has had a little chance to recuperate, remove the remaining mass, either through the vagina or abdomen, as conditions suggest. These cases will stand great manipulation, and you can spill a good deal of pus in the pelvic cavity through an abdominal incision and not produce any bad results, for the reason that after this pus has been imprisoned for some time the system becomes immune, and will not take on infection as it otherwise would. Where we have had extensive inflammation and suppuration lasting any length of time, the pus has so burrowed in the cellular crevices that it is almost next to impossible—in a majority of cases absolutely impossible—to do anything but remove all the generative organs in order to save the life of the patient.

This subject that I have been discussing is one of vital importance to the general practitioner as well as the specialist, because nine out of every ten cases are seen first by the former, and too much importance cannot be attached to this.

## HYOSCYAMUS IN THE TREATMENT OF TOXIC GASTRITIS.

BY G. M. GOLDEN, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homœopathic Medical Society.)

IN the present age of medicine we, as physicians, are continually looking for additions to our therapeutic storehouse, in order that we may more successfully combat disease and give as speedy relief as possible to our patients by our method of cure.

You will pardon me at this time for digressing, if I state the character of gastritis, which we will discuss as toxic. It is not that due to the ingestion of the metallic, alkali or acid poisons with which you are all conversant, but an acute inflammation due to the taking of such food or drink that are undergoing changes of fermentation or decomposition, as to lead to the formation of powerful irritants, thereby causing an intense acute inflammation of the stomach, which we will term "toxic gastritis." It must also be remembered that in all cases of such character there is a secondary condition manifested in the intestines, either as the result of absorption of the toxins, or from their direct action, from being passed out of the stomach. The symptoms of this condition we need not relate, as they are familiar to all of us.

The use of hyoscyamus was first brought to my notice in this affection, several years ago, by a case seen in the Hahnemann Hospital which presented a certain clinical picture, in which hyoscyamus proved to be the remedy after other well-chosen remedies failed to give relief.

In presenting this clinical picture or group of symptoms upon which the drug is selected, I think it *apropos* at this time, and more convincing as to the efficiency of this drug, to relate several cases in which hyoscyamus was the curative remedy.

CASE I.—Mr. H., aged 45, had eaten in the afternoon, about 5 o'clock, a portion of crackers and milk, and stated that the milk had a peculiar taste that he could not describe or account for; about 10 P.M. that evening he was taken with nausea and

vomiting, marked dizziness and frequent hiccoughing; these symptoms became more marked, until the patient was in almost a collapsed condition; cold, clammy sweat, extremities cold, lips blue, pulse weak, thready and irregular, rate 110, temperature  $97.6^{\circ}$ , very restless, with pains in abdomen below epigastrium, thirst, not marked, but vomited immediately on taking water. Verat. alb. was administered, followed later by nuxvomica and arsenic, without any relief. Finally, hyoscyamus  $\phi$  was prescribed, 15 gtt. in  $\text{℥iv.}$  of water, teaspoonful every five minutes. After taking five doses patient quieted, nausea, vomiting and hiccoughing ceased, patient fell asleep, which lasted four hours, awaking feeling practically well except for weakness.

CASE II.—Mrs. M., aged 35. Highly neurotic, had eaten a mixture of indigestible food, the character of which I cannot recall at the present time; retired feeling perfectly well, awoke during night with intense nausea, vomiting and some hiccoughing. Burning pains in abdomen, with tenderness below epigastrium; thirst, but would not drink, says made her vomit; extremely restless, tossing herself about. Pulse weak, 100, but regular. Temperature normal, surface cool and clammy. Arsenic administered without relief. Hyoscyamus was then chosen and given as before, with relief in one-half hour; in one hour patient fell asleep for a period of several hours, waking refreshed and much relieved.

CASE III.—Mr. B., aged 25. History of eating some chicken salad and devilled crabs, which he procured at a restaurant. That evening was taken with violent nausea, vomiting, purging, took home-remedies without relief. After the condition had lasted twenty-four hours, saw patient, nausea, vomiting the same, but developed a hiccough which was not marked, thirst present, but vomited immediately on taking food or drink. Pains throughout part of abdomen, with tenderness; patient very restless. Pulse 100, regular, but weak. Temperature  $101^{\circ}$ . This patient was also given the usual remedies without relief. After condition had lasted thirty-six hours, patient began to show signs of exhaustion. Hyoscyamus was administered as in the foregoing cases, with marked relief in several hours, with symptoms gradually subsiding in severity, until in twelve hours patient quiet, no nausea, vomiting or hiccoughing.

Upon reviewing these several cases we will notice a cer-



tain group of symptoms that are common to all, and stand out prominently, forming what we may call a clinical picture.

For clearness and brevity sake we will sum up our important symptoms, and say our picture includes :

1. Persistent nausea and vomiting, which may be intense.
2. Thirst, but does not drink, because vomits immediately, pains in abdomen varying in character, with tenderness below epigastrium.
3. Hiccoughing, which may at times be persistent and exhausting.
4. Marked exhaustion, going on to a collapsed condition, with cold, clammy sweat, cold extremities and cardiac weakness.
5. Marked restlessness of body, cannot keep quiet, turns from side to side with some anxiety of mind.
6. History of ingestion of some irritating food or drink,—liable to contain toxic products,—and may be well to mention, in passing, these cases of said character occurred during the warm summer months.

This closes our clinical picture with the exception of a few symptoms that may be peculiar to each individual case, which we could not rightfully include in our characteristic group.

With these few remarks I will close, in the hope that when this group of symptoms is encountered, that hyoseyamus may be chosen and not found wanting.

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## REFORM IN MEDICAL LICENSURE.

W. S. SEARLE, A.B., M.D., BROOKLYN, N. Y.

(Read before the Nat. Assoc. of Hom. Members of Exam. and Licensing Boards, June 22, 1903.)

To those members of this association who are familiar with the history of State medical licensure, I hope any apology or excuse for my temerity in addressing you will be unnecessary. In any event, what is said here is of more importance than he who says it.

I take it that the main object of this association is to perfect the system of State medical licensure, and your very existence,

as such, is an open assertion or concession that the present system is capable of improvement.

With this end in view, permit me to mention a few of the more prominent deficiencies of the present system, as they appear to me, and then to propose methods for their relief or removal.

*In the first place*, in this State, at least, the examinations consist of written questions and answers only, so that a candidate with a good memory often far outshines much abler and more competent rivals. Knowledge, often parrot-like, outranks good judgment and skill.

*Second.*—Each State Board has standards of its own, and these are various.

*Third.*—New and distinctive titles and degrees are needed.

Derivatively, “Doctor” means “teacher,” and *that* few doctors are. At least seven varieties of doctors exist in every community, so that this title is now no longer distinctive.

*Fourth.*—The present system tends to perpetuate medical bigotry and medical sects.

*Fifth.*—This system has shown no tendency to prevent overcrowding in our profession.

Other and perhaps as important defects are familiar to all.

Now, instead of discussing these defects in detail, which would be both tedious and unnecessary, I wish to outline in the briefest manner my ideal of a better system, and one which appears to me entirely feasible. The mere statement of it will, I think, carry its own affirmative arguments to minds as trained as yours in matters of this kind. No doubt it will also develop objections, but I trust none that are vital or unremovable.

#### *Outline of Ideal.*

Although it is held unconstitutional to establish a “University of the United States,” it is possible for Congress to establish one for the District of Columbia, and since Mr. Carnegie has offered an endowment for such an institution, I take its creation to be only a question of time.

Now, one department of such a university might be a medical and surgical examining board. Suppose then such an institution and such a board—I would utilize it in this way:

I propose that the medical student should be educated as

now, obtain his degree of M.D., and then his license to practice from a State Board.

To qualify himself as a candidate for the proposed new title and degree, I should make it requisite that he should have also earned the degree of A.B. or Ph.D.

Having entered upon general practice and having pursued the same for, say, ten years, two of which should have been spent as an interne in some reputable hospital, he should then be eligible to examination by the said Board of the University of the District of Columbia.

The fee for such an examination should be a considerable one, say five hundred (\$500) dollars.

This examination should be both didactic and oral, but, more than all, a *practical one*. The candidate should be able to name, and to be proficient in the use of, instruments of precision in diagnosis or operation. In the wards of a hospital he should be required to diagnose cases of disease and to conduct cases of labor. In the morgue, he should be called upon to demonstrate and operate upon the cadaver, in case he desires a surgical diploma, not otherwise.

A "paper" examination should follow.

No question in therapeutics of any sort should be allowed. This restriction I deem absolutely indispensable, for it would at once destroy all present, and prevent all future, sectarianism in medicine.

Having successfully passed these ordeals, he should be given one of the following titles or degrees, viz.: "State Physician" or "State Physician and Surgeon."

These designations I have fixed upon as distinctive, unpervertible and easy of understanding by all.

All "State Physicians and Surgeons" should, as such, be eligible to appointments in the Army and Navy without further examination.

Usurpation of these titles and degrees should be severely punished by imprisonment. Of course, to one possessed of such titles, thus obtained, most civil and municipal offices and appointments would be open.

Such a system would be of the very highest benefit to the profession by stimulating the ambition of young practitioners and make it really what it now is not—"a learned and liberal profession."



Its benefits in eradicating medical intolerance and bigotry would be enormous and lasting, while, to the community in general, its blessings are too obvious for remark.

I will only add that while such an ideal may appear to some as the dream of an enthusiast and one impossible of attainment, we need only recall the fact of the recent withdrawal of the licensure from medical colleges, a franchise they had held for more than a century, as evidence of the ease with which a reform so sweeping can be carried. That victory is full of hope and promise for still greater reforms.

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#### SOME POINTS CONCERNING MERCURY AND POTASSIUM IODIDE IN THE TREATMENT OF SYPHILIS.

BY W. C. HUNSICKER, M.D., PHILADELPHIA, PA.

(Read before the Philadelphia County Homœopathic Medical Society.)

THAT mercury is the similimum of syphilis is shown by the writings of our allopathic brethren, notably those of B. Frank Lydston, who says: "It is well known that mercury has the power of inducing fatty degeneration and elimination of inflammatory products. This condition of the tissues is precisely what exists in syphilis." And again: "It is not an antidote to a poison, but removes morbid results as fast as they are formed." Mercury has a dual action, as has potassium iodide, in producing fatty degeneration, with its attending symptoms, and by its mechanical action eliminating waste products. Having selected mercury and iodide of potash as our indicated remedies, how and when shall they be given?

Never begin constitutional treatment, no matter how seemingly positive are the conditions of the venereal ulcer, until the general system has acknowledged the virus of syphilis, as manifested usually by the well-known symptoms of fever, adenopathy, macular eruption, etc.

The average infection can be controlled with a combination of mercury and iodine, in the form of the yellow iodide, beginning with one tablet of the 2x following each meal, and increasing one tablet daily, following each meal, until point of

saturation is approached, as determined by two or three putty stools, associated with slight cramps, tenderness of gums, and soreness of the teeth when snapped together. This is the full dose, usually requiring 50 to 100 tablets ( $\frac{1}{2}$  to 1 gr.) of the salt to produce its symptoms. The full dose is now halved, and potency changed to 1x for convenience, as it is less difficult to take 3 to 5 tablets than 30 to 50. This quantity is maintained through course of infection, the remaining half being held in reserve for any exacerbation of symptoms that may arise. This course, associated with small doses of potassium iodide, to keep the mercury active, will be sufficient to carry the average case to a successful termination; but where the early manifestations are severe, eye, throat, gummatous conditions, etc., we must rapidly gain control of the process by hurrying the point of tolerance.

In such cases inunctions are indicated. The blue ointment is the preferable form, because of the exceeding fine division of the metal in its preparation.

Following a warm bath, the patient, or an attendant, rubs one-half to one drachm of the ointment into some readily absorbing skin surface nightly, choosing different nights for each inunction and continuing to point of tolerance.

Now the slight drug-symptoms are allowed to clear up by discontinuing mercury for one or two days, and treatment repeated until symptoms are controlled, when the ointment is stopped and yellow iodide given, as before described. Potassium iodide is administered, in conjunction with inunctions, for the same reason as with the tablets.

The very severe, as well as the late and deeper-seated, lesions of syphilis require iodide of potash for their relief, because of its power of elimination. This drug can be given in massive doses. In several cases I have given almost incredible amounts. One, with severe meningeal involvement, whom Dr. Tuller subsequently presented before his sub-clinic, three and a half ounces were given on the third day of its administration, in connection with two drachms of mercurial inunction, without producing any drug-symptoms, the dose only being limited because of control of condition; and another, seen in consultation with Dr. Ashcraft, where two ounces were taken on the second day, with only slight iodism, the process being checked.

Five-drop doses are given, well diluted with water or milk, one hour after each meal, the quantity increased five drops, following meals, every third day, until symptoms are controlled or iodism approached. In the two cases cited the dose was increased five drops every hour.

Summing up, we find that mercury is indicated homœopathically in syphilis, and should be given in the smallest possible dose that will control the disease, if that be  $\frac{1}{100}$ , or two grains daily; and because of its irritability and insolubility, the mildest form, yellow iodide, in fine subdivision should be chosen. When the full dose is established it can be given in less bulk for convenience. In severe cases inunctions are called for.

The vapor and hypodermatic methods are of disputed value, owing to untoward sequelæ sometimes following, in spite of most careful administration.

Iodide of potash is given from the beginning of constitutional treatment, in small doses, to keep the mercury active.

For severe or late lesions it can be given in massive doses, for its mechanical effect in eliminating waste products.

Give it in water or milk one hour after eating, never in any of the digestive agents, as the stomach then rebels much more severely.

These two remedies, properly administered and continued for three years, together with the assistance of the patient by proper living, will cure syphilis.

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#### THE SPHERE OF RHUS TOXICODENDRON AS A SPECIFIC IN THE TREATMENT OF SCIATIC NEURITIS.

BY WILLIAM F. BAKER, M.D., PHILADELPHIA, PA.

(Read before the Philadelphia County Homœopathic Medical Society.)

THERAPEUTICS is in reality the most complex of all the natural sciences and requires repeated and correct observation, for it is only as we study this important branch of medicine that we are enabled to define the application and the limitation of a remedy. Our knowledge, while constantly on the increase, is as yet imperfect, nevertheless the underlying laws remain the same, awaiting our investigation to bring them to the relief of



the sick, and the more we study them the more perfect must our therapeutics become. The polycrests have been well proven, and repeated attempts have verified those provings, but have we not slighted an immense field of research, *i.e.*, the application of our well-studied remedies to the relief of suffering and the cure of disease?

In the study of a remedy, it is first necessary to find its sphere of action and then outline, if possible, the extent to which the organism is affected.

Rhus as a remedy affects the secretion and absorption of the body, acting necessarily through the vascular system. It has an affinity, also, for nerve structure, as evidenced by its ability to control nervous phenomena wherever met, and particularly does this apply to fevers typhoidal in nature. The power the remedy has to affect the vascular system and absorb the products of inflammation is the one which concerns us most. This property renders rhus one of the most useful in treating inflamed nervous structures wherever met.

No attempt will be made to discuss the philosophy of specific medication, but in a brief manner the sphere of this remedy will be outlined, defining its application, the preferable potency and the results obtained from a long series of cases of sciatic neuritis treated in the nervous department for out-patients at the Hahnemann Hospital of Philadelphia. For this work only those cases were selected where rhus was the remedy. Following the use of the remedy the cases were often seen and the effects noted. These experiments are only the beginning of many which are to follow, in which our well-studied remedies will be investigated as to their influence on the relief of nervous diseases. The general symptomatology may be divided into

(a) Objective symptoms.

(b) Subjective symptoms.

*Objective Symptoms.*—In the majority the right thigh was the one most affected. There was present, redness, heat and swelling, confined chiefly to the posterior aspect of the limb. Tenderness over the sciatica was marked and extended along the courses of the greater and lesser nerves as they emerged from the pelvis and pass down the thigh. A line drawn from midway between the tuberosity of the ischium and the great

trochanter, running down the thigh to a point about the centre of the popliteal space, would lie directly over the areas of tenderness experienced. A characteristic or guiding symptom is "skin tenderness." This symptom explains itself and is due to the inflammation of the peripheral nerves. Rigidity of the limb is at times experienced, the limb being stiff and leathery. Perhaps this term expresses the condition better, for it has the feel of tough or thickened tissue. At times, there is also a marked œdema, the thigh pitting on pressure. Quite a rare symptom observed is vesiculation of the skin covering the inflamed nerve structures.

*Objective Symptoms.*—In the greater number of cases the onset of the pain was sudden, but the gradual onset was observed in cases of long-standing neuritis, although the latter is quite rare. The inflammation usually begins suddenly with a numbness and pain in the thigh, associated with a decided stiff feeling. This condition of the limb is described by some as a dead, tired feeling, but it gradually grows worse until it can be described as a tearing, sharp shooting pain. There are more or less stiffness and soreness across the back. The pains shoot up and down the thigh, and as they develop they give rise to the characteristic condition of restlessness which extends throughout the whole symptomatology of rhus. This condition is described by some as nervousness, and it soon gives rise to a desire to get up and move about, although the first attempts at motion give great pain, and it is only after some few attempts that the patient has enough confidence to try motion, but when he discovers the ease from motion we usually find him on the go. If the patient be in bed, he will tell you that he has to move the limb about to obtain ease. With the further development of the inflammation the ease at first experienced becomes rather short and the pain becomes aggravated, yet he feels as though he would like to be on the limb. So the question, whether to rest or move about, becomes quite an item in the patient's mental balance, and this usually leads to quite an irritable state of mind.

At times, the pain complained of is crampy in character, then it is of a dull aching nature, with great fear on the part of the patient that he will become paralyzed.

Generally speaking, exposure aggravates all symptoms of

rhus patients, particularly if that exposure be damp and cold, and if very damp the pain becomes almost unbearable.

Itching of the skin, particularly at night, accompanied it may be with involuntary twitching of groups of muscles, is at times seen.

To sum up :

(a) The above varied symptomatology does not, as it would first seem, confine the remedy to a certain class of cases, but its limit is almost equivalent to the greater percentage of the cases one meets. To be sure it is most aptly fitted to the rheumatic and exposure neurites. Gouty cases yield readily to the remedy, as do all cases where the nerve has been injured by overstretching or lifting, and a resulting inflammation occurs. The specific action seems to be the neuritis following upon damp exposure to an already overheated extremity.

(b) The potency used was mostly 1x, and if amelioration followed, then 6 (centesimal) was used, sulphur 30 clearing up most of the remaining symptoms.

Some cases did better on the 6th, and several cases never experienced any relief until the 30th was administered. It seemed that our success depended on our sticking to the remedy and obtaining the proper potency. One case, a sufferer of a chronic neuritis of long-standing and recurrent, said he never experienced such relief. Our failure in several cases, which were similar to rhus cases, were markedly benefited by antispecific treatment.

(c) In conclusion, after reviewing other cases, we feel that it is not presumption to assume that specific medication is homœopathic prescribing dependent on a case suited to a remedy, a remedy suited to a case with a thorough trial of the selected remedy, and, lastly, what is generally overlooked, the use of the complementary remedy.

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**BARYTA MURIATICA.**—This is a remedy that deserves investigation in cardiac affections. In quite moderate physiological dosage, it markedly prolongs systole, slows the pulse-rate and contracts the arterioles; raising the blood-pressure. It would seem as if it were a remedy that might succeed digitalis in some cases. Its pathogenetic records, as well as the records of poisoning, indicate that would be a splendid remedy for further provings.



## SEPIA AND BELLADONNA IN PELVIC DISEASE.

BY N. F. LANE, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homœopathic Medical Society.)

WHEN asked by your chairman to write a very short paper upon some therapeutic subject relating to gynæcology, I was naturally very much surprised. I was of the impression that the general medical man supposed that the specialist was good enough to make a diagnosis and to use a scalpel, but that he knows little of homœopathic therapeutics and practices still less. Seriously, I think this idea is quite prevalent, and I also think it is entirely wrong. All gynæcologists whom I have the honor of knowing are, I believe, firm believers in the indicated homœopathic remedy in suitable cases. I think this idea gets abroad in this manner: The medical man has a patient for whom he has been prescribing carefully for a long time; she gets little or no better and she is sent to the specialist for advice.

It is quite natural to suppose this patient needs some mechanical or operative interference, otherwise she would have been helped by the work of her physician. In a case like this (and it is a fair illustration of the average case we get) it stands to reason that some local or operative treatment will be recommended. At the same time the remedy will usually be needed also.

But to refer to the original subject. I asked the chairman to give me a subject to write upon, and he said, by way of illustration: "Write upon some such subject as,—Why is *sepia* so often neglected in the treatment of diseases of women?"

I can hardly believe that this proposition is entirely correct; but it may be, and as I thought the matter over I concluded to compare *especially* the *local* conditions, which, to my mind, separate the remedies *sepia* and *belladonna*. These medicines have a number of symptoms in common, such as bearing-down, backache and pains through the pelvis, and yet it seems as though there ought to be no difficulty in individualizing them.

All pelvic diseases are accompanied by a certain train of symptoms somewhat similar. Most pelvic diseases have headache, backache, bearing-down and pains of varying character through the pelvis, and if the prescriber does not question further he is at a loss for a satisfactory prescription.

Like treating ailments elsewhere, we must, in diseases of women, take into consideration the whole body, and by thus doing will often make a brilliant cure, where otherwise we may study the pelvic symptoms alone for months and still be doomed to disappointment and failure.

It frequently happens that a constipation, a bladder inflammation, an indigestion (especially intestinal), or a disease of the circulatory or nervous-system give rise to pelvic disturbances.

If we could make our patients "to order" we would have each belong to a distinct class, with clear-cut symptoms, which would leave no doubt as to the prescription; but, unfortunately, nature makes people as she sees fit, and we have to take them as we find them, often merging one class into another so closely that sometimes confusion results.

Dr. Smedley once told me that it was often necessary to make a pelvic examination before deciding between these two remedies.

If belladonna is indicated, the organs will be found to be congested and heavy, the uterus enlarged and, perhaps, from its weight alone, displaced. The blood-vessels can sometimes be felt to pulsate more and seem larger than common, and upon inspection the vagina and cervix are red and congested.

The pelvic organs are all sensitive to pressure. The sensation of bearing-down and prolapse is, perhaps, more of a sensation than a real condition.

The general appearance of the typical belladonna patient is entirely different from the one in whom sepia is indicated.

The belladonna subject is well-nourished, probably stout and full-blooded, with a good healthy color; while the sepia individual will be thin, with a sallow complexion and general relaxed condition of the whole system.

The belladonna patient looks so well, sometimes, that she gets little sympathy from her friends or, perhaps, even from her doctor. The sepia patient may look even worse than she really is. The muscular coats of the intestines are relaxed, and we have, as a consequence, constipation.

The uterus and, perhaps, the vaginal walls will be prolapsed, and the abdomen so relaxed that there is usually little difficulty in making a diagnosis of the pelvic condition. In fact, relaxation and venous congestion are keynotes where sepsia is indicated.

The prognosis in these two classes of patients varies greatly. Usually the sepsia patient will be much longer getting well than the one for whom belladonna is needed. The belladonna patient responds quickly to medical, and especially local, treatment.

Sometimes quick and brilliant results follow upon the administration of sepsia, but from the nature of the case we ought not to expect such results very often. Mechanical difficulties give rise to pelvic disturbances, perhaps, more often than in any other portion of the body. If there is a laceration of the cervix or perinæum, an ovarian tumor, an inflammatory condition of tubes and ovaries, or any other obstacle to a cure, repair the injury or remove the tumor, or inflammatory condition, and then you will get results from the remedy. Remember the operation does not, by any means, always remove all pathological conditions present, but only places the patient in a condition where cure is possible. Most patients need careful medical and, perhaps, local treatment to effect the best possible cure. If this fact is borne in mind, there will be less disappointment and dissatisfaction following the various operations upon the pelvic organs.

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#### THE SIGNIFICANCE OF CASTS IN URINE.

BY FRITZ C. ASKENSTEDT, M.D., LOUISVILLE, KY.

(Read before the Kentucky Eclectic Medical Association, May, 1903.)

WHEN we consider that the capillaries of the Malpighian tufts under normal conditions, unlike the capillary vessels elsewhere in the body, are not permeable to albumin, and that arterial and venous hyperæmia and the first stage of inflammation destroy this impermeability, resulting in the formation of albuminous molds in the renal tubules, it becomes apparent that casts in the urine constitute one of the earliest manifesta-



tions of circulatory disturbances of the kidneys. Thus, casts are present not only in all forms of renal albuminuria, but may, at times, be detected in small numbers in the urine after such temporary changes in the circulation as are induced by vigorous exercise, a cold bath, etc., the urine otherwise proving perfectly normal. It is evident that casts formed from such mild irritation will differ in composition from those resulting from the destructive processes of inflammation.

In the examination for casts it should be borne in mind, however, that other organs whose excretory ducts open into the urinary passage are also composed of tortuous tubules similar to those of the kidneys, and that, when in a state of irritation, they, too, may discharge molds from their tubes closely resembling renal casts. The significance of casts in the urine varies, therefore, with their number, character and source, and a definite clinical interpretation always requires a careful consideration of the results of a quantitative chemical analysis of the urine as well.

The technique for the examination of casts often demands considerable patience and care in manipulation to determine their true character. In my experience the following has proven the most satisfactory method: A sediment of the urine is obtained by means of a centrifuge, run at a low speed, so as to avoid damage to the casts by pressure. The upper portion of this sediment is removed with a pipette, and a drop is deposited on a microscopic slide from time to time, for renewed examinations. The objective—preferably  $\frac{1}{8}$  water immersion, though the dry will answer—is made to dip down into the drop and focused for its base, after which the search for casts is made. After observing their sizes, contours and general characters, the chemical reagent or staining fluid desired for their further study is added gently without disturbing the microscopic field, and some time is allowed for its diffusion, the effect upon the casts being noted. The watery solutions of aniline dyes especially are slow to mix with the urine, being of a much lighter specific gravity, but by agitating the fluids by manipulation of the coarse adjustment, which will not disturb the casts clinging to the slide, the organic structures of the lower stratum will soon be seen to assume a faint hue. If the objective is now raised and a cover-glass applied, all excess of

the staining fluid which tends to obscure the field will be driven away by its weight, and a better defining power is obtained with a "dry" lens. When it is not important to preserve the identity of the microscopic field, staining with aniline is best accomplished by drying and fixing in absolute alcohol and ether in the ordinary way. The following solutions should always be at hand when examining for casts: Dilute and strong acetic acid, 1-per-cent. solution of chromic acid, saturated solution of sodium chloride, liquor potassa, Lugol's solution of iodine, standard watery solution of gentian-violet and another of methylene-blue. In order to avoid gradual injury to the objective from these solutions, the immersion should be as brief as the examination will permit, and the objective carefully wiped dry after use.

Nearly all organic casts have for their matrix an albuminous, hyaline substance readily soluble in dilute acetic acid. The differences in the matter that becomes imbedded in this hyaline mass constitute the only differences between blood-casts, pus-casts, epithelial casts, fatty casts, granular casts, bacterial casts, and pure hyaline casts. Hence all these casts are easily dissolved by the addition of a little acetic acid. The material which preponderates in the composition of a cast gives it its name.

Blood-casts, which may be observed by more or less fatty degeneration, bear evidence to hæmorrhage in one or both organs from acute nephritis, acute exacerbation of chronic nephritis, cancer, tuberculosis, calculus, syphilis, traumatism or infarct of the kidney.

Pus-casts are rare, and indicate abscess or surgical kidney.

Epithelial casts show a rapid exfoliation of the tubules, as in acute or chronic parenchymatous nephritis. They may appear broad or narrow, the former indicating an extensive inflammation involving the collecting tubules of the Malpighian pyramids. In acute nephritis the epithelial lining is often shed *en masse*, the cells retaining their natural relation to each other, sometimes giving an appearance of a hollow cylinder.

Fatty casts are a result of fatty degeneration of any of the above-mentioned casts, and point to subacute or chronic inflammation of the kidneys.

Granular casts may be either finely or coarsely granular in

appearance, at times closely resembling hyaline casts, at others presenting distinct granules of fat. Between these extremes exists an indefinite variety. As to the formation of these casts there is still a difference in opinion, some regarding them as degenerated blood or epithelial casts, others as the result of a coagulation necrosis in the tubules, with a tendency to a later development into either hyaline or waxy casts. It is generally held that true granular casts, especially those of a broad diameter, indicate a serious degeneration of the kidneys. Great care should be observed in the examination of these casts, since a number of molds of much less import may simulate them by their granular aspect, notably hyaline and mucous casts impregnated with granules of urate of sodium or ammonium or amorphous phosphates, or, at other times, micrococci. A few simple procedures will help in the differentiation of these casts. Heating will dissolve the granules of urate of sodium, the addition of caustic potash those of urate of ammonium, and chromic acid the phosphates, while true granular casts will remain unchanged. Micrococci appear smaller, less sharply defined and darker than fat granules, and after drying stain readily with methylene-blue.

Hyaline casts are often overlooked because of their transparency and faint contour, especially when they are overlaid by mucous threads. These threads may be removed by sodium chloride, and by treating with a weak solution of chromic acid the casts will assume a yellowish hue. The length of these casts is sometimes quite considerable, and may extend across the whole microscopic field; often they are bent and tortuous. Such long casts are known as hyaline cylindroids, which should not be confounded with the mucous variety. Most often hyaline casts are narrow; but broad, straight specimens are also seen. A fine granulation may be confounded with that of granular casts, from which they cannot always be distinguished. Hyaline casts are found wherever there exists an albuminuria of renal origin, either functional or organic, and often in non-albuminous urine of patients suffering from icterus, acute gastric or enteric catarrh, and occasionally as a result of those physiological changes of circulation already referred to. Those hyaline casts verging on the granular indicate an incipient chronic nephritis, while others holding a small number of pus-



cells point to either an acute or chronic inflammation. The hyaline cylindroids possess the same clinical significance as the hyaline casts, of which they are undoubtedly the progenitors (Fürbringer).

Mucous cylindroids may be derived from the kidneys, but more frequently issue from the prostate, Cowper's glands, the mucous glands in the bladder, urethra, uterus and vagina. They are generally broader than the hyaline, of more irregular outline, often branched and spun out into fine, wavy tendrils. They are not dissolved by acetic acid, and have no clinical significance.

Waxy casts resemble the hyaline in their transparency, but present a higher refractive power, exhibiting a contour as distinct as that of the coffin crystals of triple phosphates. Less often they present a yellowish discoloration. In form they are either straight or wavy, generally broad, and occasionally have a greater breadth than length. Usually these casts present the same staining peculiarities as waxy masses elsewhere, turning a dark mahogany brown when stained with iodine, and a bright magenta after a few hours' exposure to gentian-violet. They are most frequently found in waxy degeneration of the kidneys, but may occur in chronic nephritis uncomplicated with any waxy degeneration of these organs, albuminous casts having undergone the transformation during a prolonged retention in the tubules.

Fibrin-casts are rarely found, and bear the same significance as blood-casts. As a rule, they are large and of distinct outline, often yellowish or yellowish-red.

Not rarely casts are seen that present a mixed type, as, for instance, half-blood and half-waxy, showing a gradual transformation, blood and fatty casts, pus and epithelial casts, etc.

Molds of pigment or cholestrin may form from their accumulation in the tubes of the kidneys, but only a careless observer would mistake these for true casts.

Greater difficulty offer those casts, though seldom met with, which arise in the prostate and testicles and find their way into the urine. During recent years hyaline casts of testicular origin (the Hodencylinder of the Germans) have been described occurring in cases of spermatorrhœa, and while these seem generally to be somewhat broader than those formed in the

tubules of the kidneys, others have been found that in no way manifest any difference. The diagnosis must here rest upon the absence of other symptoms of renal disease and the presence of spermatozoa in the urine. In chronic inflammation of the prostate, granular and hyaline casts are sometimes found which cannot be differentiated from kidney casts. Often they are surrounded by a mass of prostatic fluid, but sometimes exist free. The following cases are taken from my records:

Mr. A., 54 years of age, had been suffering from a chronic prostatitis, with frequent exacerbations, for which various physicians had been consulted. In August, 1901, an analysis of the patient's urine was made in Chicago, showing a faint trace of albumin, a few pus-cells and epithelial cells from the prostate, a few small shreds of connective tissue, but no casts, and no evidence of disease of the kidneys. Last November Dr. J. T. Bryan, of Louisville, sent me a sample of the patient's urine, which contained a trace of albumin and gave, on centrifugalization, a moderate amount of sediment consisting of a large number of pus-cells, many hyaline casts holding a few pus- and epithelial cells, some granular casts, mucous cylinders, columnar, round and squamous epithelium, red blood-cells, urate of sodium, oxalic acid crystals, and a few cells supposed to be degenerated spermatozoa. A twenty-four hours' specimen of urine was not obtained, but the daily quantity seemed to him sufficient, and the relative amounts of urea and phosphates were so high as to render kidney disease improbable. Local treatment in the hands of Dr. Bryan, directed to the prostate and bladder, soon brought about relief of symptoms, and five months later, when another sample of urine was analyzed, it showed the urine free from albumin and casts, though a few pus-cells were still obtained. The patient considered himself fully recovered.

Mr. B., aged 23, suffering from an enlarged and tender prostate, with sense of weight and fulness in bladder and frequent urination, having previously passed blood on several occasions, was running a moderately high temperature,—which afterwards proved to be malarial,—when Dr. T. R. Welch, of Nicholasville, Ky., sent me a specimen of his urine. This contained a small quantity of albumin; no sugar. The sediment obtained with centrifuge consisted mostly of urates and a small number of

pus-cells, but no casts were found. Nine days later, when the fever had subsided, a twenty-four hours' sample was received, the secretion amounting to 56 oz. (day urine, 36 oz.; night urine, 20 oz.). The total amount of solids was 1075 grs. and urea 615 grs.,—rather large amounts for a man of 120 lbs. The urine contained a trace of albumin, but none after filtering; no sugar was present. Only a small amount of sediment was obtained, and this contained pus-cells, round epithelium, squamous bladder-cells, a few granular and hyaline casts, and a small amount of urate of sodium and uric acid crystals. About two months later another specimen of urine was received, which showed a scarcely perceptible trace of albumin after filtering, and a sediment consisting mostly of leucocytes, a number of round epithelial cells, and very few slender, coarsely granular casts, besides urates. Considering the large amounts of solids and urea, with a normal amount of phosphates, and the almost total absence of albumin in filtered urine, the granular casts present, although free from enveloping prostatic secretion, could not well have been derived from the tubules of the kidneys. So little is written on casts of prostatic origin that these cases seem of interest in this connection.

The following general rule may be laid down for the determination of the pathological significance of renal casts in the urine: Their presence denotes an *irritation* active in one or both kidneys; their number and diameters indicate its *extent*; their nature and number its *intensity*; while it remains for quantitative chemical analysis to decide the amount of the damage done.

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TREATMENT OF TREMOR IN PARALYSIS AGITANS.—Dr. v. Ketly, of Budapest, advises, in treating the obstinate trembling of paralysis agitans, the administration of the root of *scopolia carniolica*. This drug contains hyoscyamin and hyoscin, as well as scopolamin, and even if used for a long time does not cause any untoward effects. The tremor is usually rapidly and very considerably gotten under control, and in some cases may wholly disappear. The dose is 0.3 to 0.4 per diem, given in one dose in the powdered root.—*Muenchener Medicinische Wochenschrift*, No. 15, 1903.



## SOME REMARKS ON INSANITY.

BY D. C. KLINE, M.D., READING, PA.

(Read before the Homœopathic Practitioners' Association of Reading, Pa., May 19, 1903.)

WHERE shall we begin, or where leave off, in estimating the mind of man? An eminent jurist has said that everybody is insane on certain subjects and at certain times; and yet we would probably each be disposed to say, as did the old Quaker, who assured his good wife that "their neighbors were all queer, everybody is queer excepting thee and me, and thee is a little queer;" and thus we find in each individual certain peculiarities or eccentricities; but these traits only go to mark the individuality of the man and do not prove any mental aberration, *i.e.*, each man stands upon his own perpendicularity with his own peculiarities; however, these peculiarities or eccentricities sometimes become so extreme that but little space is left, and it becomes very difficult to draw the line between *sane* and *insane* or the *criminal*.

This is well proven in the fact that in almost any given case before the courts of justice medical experts of well-known and recognized ability can be secured who will give directly opposite evidence or opinions, contradicting one another, each and all being alike honest and sincere. This fact has many times brought the medical expert into disrepute, yet it should not; each is simply testifying as he sees the light in accordance with his training and study, and in this he is no different from the courts or juries.

How frequently does it occur that a jury of twelve men cannot agree in rendering a verdict, or a case carried from one court to another, each differing in their judgment.

Likewise with the judges on the bench; each will expound the law in his own way and according to his own translation of it; but all this goes to show how peculiarly and wonderfully the human mind varies in its work; this mental variation does nothing more than reflect the physical variations or differences of individuals.

If men vary so much in their physical make-up, and not only see, hear, smell and taste in different degrees, but are of different height, size and weight, why should they not be expected to vary in their brain-cells, and hence in mental judgment?

The point I wish to emphasize and impress here is the great difficulty experienced many times by the physician, judge and jury to determine just where sanity ceases and insanity begins, and equally, oftentimes, difficult to determine between the insane and the criminal.

That great manufacturer and philanthropist, Mr. Carnegie, has said, that "of all machinery he is familiar with the most intricate and complex is man."

There are many forces which tend to deteriorate the human mind; many are born with a predisposition to abnormal mental poise; others are acquired by environments over which they have no control; others, again, aid in that development themselves.

Here rests a great responsibility with the physician, to instruct the men and women of his clientele, who may become parents, of the importance of right living and the proper care of mind and body.

Let me say here, what has long since been my belief, that the time is coming when the State or nation must manifest more interest and care along this line, and enact laws requiring a careful and thorough physical and mental examination of men and women by a competent medical board before licensing them to marry and propagate their kind. Men and women of low or abnormal mental calibre, whether of insane or criminal diathesis, or who suffer from syphilis, consumption, scrofula, etc., should not be allowed to marry and bring into the world deteriorated children.

While it is right and proper to build institutions and maintain public charities to care for God's unfortunates, it would, methinks, be infinitely preferable to go further and hold in check the propagating of such, in so far as it is possible.

Although it is true that not all who become insane are born of insane parents, but the hysterical or nervous mother or the intemperate or drunken father may lead to epilepsy, dementia, melancholia or mania in the child. Even unguarded religious

enthusiasm may lead to loss of reason. Again, the misfortunes in life over which the mother may have no control may affect her physical and mental condition, particularly during the time of pregnancy, to such an extent that her offspring may eventually suffer the loss of reason. Here let us warn our patients of the necessity of living a quiet, even life, free from strife and bigotry, checking the tendency to lust, controlling intemperance, and in every possible manner avoid the waste of nerve-force and physical exhaustion.

Why is it that the sons and daughters of royalty and of the rich are so frequently lacking in brain-force, unless owing to high living and dissipating lives?

Elbert Hubbard, that wide awake and terse writer, says that those who waste their substance upon the Waldorf-Astoria air are apt "to have gout at one end, general paresis at the other and Bright's disease in the middle." Now, how is it possible for such to beget children healthy and strong, physically and mentally.

How frequently do we notice that the parents (one or both) are especially solicitous and attentive concerning the wayward or illy-developed son or daughter? I have many times wondered if it were not due to the fact that they felt keenly that, directly or indirectly, they were to a very great extent responsible for the physical or mental condition of the child. Perhaps the father recalls vividly the drunken debauch at time of wife's conception, or that he was a constant drinker, and now sees the effects in the son's appetite for drink. The mother recalls of her insane jealousy during the period of gestation (whether imaginary or real matters not, in so far as the effect upon offspring). Too often the mother knows that her determined efforts to produce abortion through all manner of methods has had a deleterious influence upon the child, that vicious and obstinate temperament may be only the mark through psychological influence in this way. Any great mental strain upon the mother, as fear, hate, sudden shock, great grief, etc., will many times unduly influence the offspring mentally; hence the mother must make every effort to avoid all these.

Is it not a fact, that many times we could be more successful in the treatment of our patients if we could but have an accurate history of our case, and, probably, we would have to go back one, two or three generations for a complete record?



I recall the remark of a minister of the gospel, during his discourse, when I was a boy, that every child ought to be prayed over for a year before it was born, but I would say, pray and live for it before the grandparents were born.

A little, nervous wreck of a woman came under my care some years since, and I was at a loss to understand the mental and physical condition. After close questioning I finally elicited from her the story of family jars, as related to her by her mother, of the falsity of the husband and father, and loss or squandering of the mother's property by the father, during the period of gestation, both of which necessarily well-nigh distracted the poor mother and left the daughter to be born worse than dead.

Again, there are under my care a mother, daughter and granddaughter, all of whom are nervous wrecks, at times bordering on the line between sanity and insanity. All are exceptionally nervous, though manifesting itself somewhat differently; the daughter is of an intense jealous disposition, and I fear the future for her. When the complete history was given me, it revealed the misconduct of the grandfather of my first patient, while he and his good wife were crossing the ocean from England, years ago, at which time his wife was pregnant.

Thus we see how readily the inherited tendency to insanity, and equally so to criminality, may be produced by careless, indifferent or wrong living of parents.

The tendency may be developed in the child directly, although unavoidably, by improper nutrition during gestation or early life, by accidents, as injuries to the brain, and first allow me to specify the danger of this injury occurring during childbirth, by prolonged labor, but more especially by undue pressure produced with the forceps. I am of the opinion that this is not infrequently the case, and wish to urge great caution upon the obstetrician in this particular; there are instances of unavoidable pressure, but unquestionably many times carelessly and needlessly done. While exerting great force, in order to extract, let us never forget to consider constantly the amount of pressure produced upon the little brain-cells and the great danger of serious damage being done. The head of every newly-born child should be carefully examined, and particularly after forceps delivery.

Again, blows or falls upon the head, even though slight, by fright or fear of dark closet, or other severe punishments, overtaxing the body and mind by forced study and undue stimulation in study, as is being done in many of our schools to-day. While an education is greatly to be desired, it should never be obtained by the sacrifice of health; make every effort first to have the child developed physically, or let the physical and mental training go hand in hand, with always the tendency to keep the physical in the advance.

Our workshops, factories and stores, where the very young are employed and overtaxed, being kept in close confinement, privileged to live so little in God's clear sunshine and pure air, prove veritable factories in producing subjects for the insane hospital.

Now permit me to speak briefly, but most seriously, of one other exciting cause of insanity, viz.: Masturbation, and by this term I mean any unnatural or improper use of the sexual organs, be it among the very young or older individuals; doubtless we all readily recognize it as a pernicious habit practiced among school children; but I am inclined to believe the habit is quite frequent with the supposedly mature of both sexes, and that many otherwise capable individuals are mentally dethroned through this diabolical practice.

Instead of dwelling minutely upon a line of proper living, what to do and what not to do, allow me to urge, that from the time of conception to birth and on through child life, everything should be done to produce the best results, then it becomes the moral duty of every individual to continue to keep up the very best physical and mental well being. When we fail or neglect this, either toward ourselves or others, we are not only derelict in duty to ourselves and mankind, but to our Creator as well.

**SURGICAL TREATMENT OF SCIATICA.**—Renten uses the following method. He exposes the nerve below the gluteus maximus and separates the inflammatory adhesions around the nerve and up to the sciatic notch. No stretching of the nerve is employed. In perineuritis there is no pain when resting, but whenever the patient walks for a few minutes the pain appears. In some cases it takes six to eight weeks for any improvement to take place, because the nerve has been pulled on by adhesions.—*British Med. Journal*, April 4, 1903.

## EDITORIAL.

## THE CULEX INVIDUS.

THE quaint old German saying, that "The good Lord has all sorts of boarders," is far more humorously expressive than our own, "It takes all sorts of people to make a world," although the fundamental idea is the same. We all recognize the truth of the assertion, and the only difficulty is to discover the probable reason why some of the sorts we see about us have been allowed to come into existence. As simple products of evolution, under certain conditions of environment, their presence is logically explicable; but, regarded as results of any Providential creative act, their existence would be incomprehensible. We find such living conundrums in all communities and in all walks of life, and are constantly asking ourselves what good purpose such individuals are intended to answer. They are not useful and, generally, anything but ornamental.

In the medical world there is one species of misfits to which we would wish to devote our attention in this season when mosquitoes do most abound.

Nature teems with obnoxious and apparently useless kinds of lower organisms, swarming into existence only to torment or endanger our lives, and scientific research is now principally engaged in discovering means to limit their production and to curb their baneful activity. In the medical world we find a similar class of beings, in their relative size, intellectually considered, insignificant, but mighty in their power to annoy. The medical laws as found in most of the States at present, while seeking to limit the more dangerous species of would-be practitioners, have no effect upon the sort of doctors to which we have reference. They have slipped into the profession under the sanction of the law, and no legislative filter has yet been discovered whereby they can be separated from their fellows and their influence for evil counteracted. Were we called upon to give this species of medical insect a name we would suggest as a fitting one, *Culex multiformis invidus*—the envious gnat of many forms. We include in this class that kind of



physician, young or old, generally middle-aged, who, while doing nothing himself for the advancement of his profession, is filled with envy and jealousy at the sight of the activity of his colleagues about him. We all know the kind, we have met it time and again. He is not necessarily old, but oldish; he has lost his youthful enthusiasm and stands, in his own estimation, as a professional *ne plus ultra*, crowned with laurel leaves bestowed in days of old by an admiring profession. Laurels earned at a time when there were comparatively few competitors, and when the contest was insignificant compared with that waged at present, and when science and homœopathy were still at loggerheads; when the mere awesome mention of The Master and reverential quotations from the *Organon* were enough to provoke applause, and when the verbose narration of a collection of symptoms disappearing under the use of "the indicated remedy" sufficed to stamp the narrator as a true disciple of The Master and a possible leader in Israel. Emphatic reiteration of commonplaces and valiant discomfitures of men of straw, by paragraphs from the *Organon*, constitute in many cases the only claims to the past distinction upon which this class of physicians prides itself. Most of them "know it all," in fact, have known it long ago. The latest results of scientific investigation, if they cannot be wrenched out of a distorted *Organon*, are blandly claimed as almost forgotten standpoints of these stationary automobiles. Feeling that their prestige is being lost and that their laurel leaves are faded and falling, they seek to minimize the efforts and abilities of others. Particularly against the young enthusiastic physician are their spiteful efforts directed. Where possible, they seek to keep such sitting at their own feet to drink in the superannuated wisdom which distils from their every pore. Any effort on the part of the eager student to rise and to press forward in new paths to new goals is frowned upon, and suppressed, if possible, by damning faint praise, and by supercilious reference to the immaturity of callow youth and the want of becoming modesty in the rising generation of physicians. Instead of rejoicing that young men are rising up to take their places in the onward march, places which they feel no longer able to fill themselves, they plant themselves stolidly in the way as obstacles, looking backward, not forward, quoting, not originating. These are some of the main characteristics of this pestiferous class. They

are not presented by each individual. Some confine themselves to doing nothing and buzzing their opposition to those who do work; others let their envy be plainly visible in their venomous attacks upon their active colleagues, while still others conceal their motive by a benignity worthy of an archbishop, at the least. They all, however, work more annoyance than actual harm, for their motives are soon detected and their assumption of superior wisdom speedily punctured. The entomologist pins his bug to a card and chloroforms him; we can only do likewise to this insect. Pin him down to facts, and in spite of his wriggling to escape, chloroform him with proofs of his own ignorance. We would do this not to preserve him as a specimen, but to stop his buzzing, for only in a museum of the natural sciences would he be of any but a passing interest. Our interest in him ceases when we have pointed out his true position in the natural history of medicine, and have assured the ambitious young man that his attacks are not dangerous, but only aggravating, and that his sting is more easily cured than that inflicted by the scientifically pursued, but rebellious, mosquito of the present season.

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#### THE ALLEGED INCREASE OF INSANITY.

THE existence of calamity-howlers, whose chief reason for existence seems to be the belittling of humanity, is well known. In morals, brains and physique, we are, according to these wise-acres, slowly but surely degenerating. We much prefer an optimistic view as to the present and future conditions of mankind. We hear more of the bad, because the facilities for obtaining information have been greatly increased. We are told of the bad, rather than of the good, because the former is unusual or exceptional. If the good only was selected as news, it would be selected, most assuredly, because it was sufficiently strange to require comment or record. As it is, the good has become so common-place as to be unworthy of mention, so far as particulars are concerned.

We believe that the efforts to prove the increase of insanity to be misguided, because actual facts show otherwise. It is true that statistics are brought to bear to demonstrate the frightful increase of mental disease. But it must be remembered that even correct figures may misrepresent the actual situation.

Among statements made to approve the affirmative is that insanity is now found among the Indians. The probabilities are strong that insanity has always existed among the people of that race. Those having experience with the insane know full well how their delusions become so systematized as to deceive the very elect. The appearance of one of their race making claims to superhuman powers and telling of visions bordering on the marvelous, and this, too, with apparent sincerity, must exert an effect on his community. Instead of the claimant being relegated to his proper position as a public nuisance, he is raised to the level of a prophet or leader, and inspires his followers to the commission of rash acts. What is true of the Indians in this connection applies with equal force to other semi-civilized communities.

The apparent increase of insanity among the civilized is unquestionably due to improved methods of collecting information and a better conception of what constitutes insanity. How often does the alienist meet with patients of whom it is said by their attending physicians: "They are not insane, but simply nervous or hysterical;" and yet, the alienist knows that if anyone is insane it is the case under discussion. In the past delusions as to abnormalities of bodily function have been accepted as proof positive of substantive disease; delusions as to religion have caused their victim to be accepted as a great spiritual leader. The idea that these delusions could possibly be such seems hardly to have entered the minds of either laity or profession. Medicine, law, religion and the arts, of ancient years, give evidence of the badly balanced mind.

Actual conditions present to-day, with one exception, favor the decrease, rather than the increase, of insanity. That one exception is the higher tension under which we work. The importance of this as an etiological factor we believe to be overestimated, for work, unless associated with worry and bad habits, has a beneficial, rather than a baneful, effect. Living under conditions, on the other hand, which tend to give one a narrow view of the world, dwarf the mind, make the individual more interspective and thus favor the increase of insanity. And such is the case in isolated communities. It is among the latter, we believe, that the largest percentage will be found, and not among the inhabitants of active cities.



## GLEANINGS.

**SPASTIC CONSTIPATION.**—Dr. G. Singer, of Vienna, asserts that this form of constipation is not often enough recognized and is, unfortunately, treated by purgatives. There is a symptomatic and an idiopathic variety. Between the secondary and the purely nervous forms there are those cases of spastic constipation which accompany disturbances of the sexual organs. The purely nervous cases are noticed in those patients with neurasthenia and hysteria. Amongst the objective signs is a spasmodic contraction of the internal sphincter, as well as points tender to pressure on various parts of the abdomen. At times, such a spasm of the gut may occur as almost to resemble ileus (obstruction of the bowels). Not infrequently the patient may pass shreds of mucus resembling bands or threads, as well as blood. This variety of constipation may also appear as an idiopathic disease, unassociated with neurasthenia or hysteria. Treatment should consist of moist heat, enemata of oil and, last, but by no means least, belladonna. Besides these measures he has often for many years been in the habit of inserting English rectal dilators, frequently with the best results. Diet is of secondary importance.—*Muenchener Medicinische Wochenschrift*, No. 15, 1903. (As to symptomatology, such a condition closely resembles pseudomembranous enteritis, with its protean nervous symptoms and signs. This is the mucous colic of German writers and the colite mucino-membraneuse of the French. I once had such a patient in whose case I had used everything intra- et extramures, until one day I read in an English work that high altitudes are beneficial. I sent him to Colorado, where he remained six weeks, at Colorado Springs, and returned home restored to health. "Kurz ist das Leben, die Kunst ist lang," says Faust, stealing a thought from Hippocrates. Belladonna and hyoscyamus are certainly very useful drugs in such a condition.)

Frank H. Pritchard, M.D.

**A MIXTURE FOR LOCAL ANÆSTHESIA—COCAINE AND ADRENALIN.**—Dr. Foisy, of Paris, employs in rendering inflamed tissues anæsthetic the following mixture: to a 1 : 200 solution of cocaine he adds a few drops of a 1 : 1000 solution of adrenalin. The quantities used were 6 to 12 drops of the latter to 4 to 20 cems. of the solution of cocaine; the maximal dose being 15 drops of adrenalin to 25 cems. of cocaine. The injection is made after Schleich's infiltration method. A great advantage is the slight hæmorrhage, yet all bleeding vessels should be tied to avoid secondary bleeding. In several cases of phlegmon, where counter-openings were necessary at one place, cocaine was injected, and at the other this mixture; with the latter the results were always better. By this method he has opened numerous abscesses, phlegmons and suppurating glands, as well as undertaken extirpation of suppurating inguinal glands and a furuncle on the back of the neck, without any disagreeable complications. Have the patient lie down and remain there for an hour after finishing the operative work.—*Muenchener Medicinische Wochenschrift*, No. 15, 1903.

Frank H. Pritchard, M.D.

**HÆMATURIA OF RENAL ORIGIN DUE TO CHRONIC NEPHRITIS.**—Dr. Schueller, of Vienna, reported the case of a woman of 48 years, who had suffered from hæmaturia which had persisted for four months and reduced her to a seriously anæmic state. Having determined that the blood came from the right kidney, he cut down on the organ, excised a piece of the organ and found, after histological examination of this fragment, that she was suffering from chronic nephritis. The bleeding continued, and at first became worse, but it gradually decreased until it had wholly stopped, eight days after the operation.—*La Semaine Médicale*, No. 22, 1903. (The importance of chronic nephritis as a cause of hæmaturia is not often recognized by us, and, indeed, it was only a few years ago that Dr. Samuel West, of London, published a paper on this subject. Since then its causal importance has been generally known. In a little work by him on *Granular Kidney and Physiological Albuminuria*, one of the most useful little works in medicine that I ever possessed, he cites a number of illustrative cases where recurrent and persistent hæmaturia was dependent on granular kidney. "The blood is intimately mixed with the urine, and is usually bright in color, and may look almost like pure blood, but even then there are no clots. . . . I suggested, in my original paper, that the hæmorrhage was probably vesical in origin, as, in the absence of acute nephritis, the urine was rarely smoky or dark in color. This may be correct in some cases, but two of Bowlby's cases show that the blood may also come from the kidneys themselves, and it has been seen with the cystoscope passing out of the ureters. This form of hæmaturia has led to many mistakes, chiefly to a diagnosis of calculus in the bladder—or in the kidney, if there has been lumbar pain or attacks of renal colic. Operation has been suggested and performed, and in many fatal cases the absence of any lesion except granular kidney has been proved by autopsy." Another English writer of the regular school has obtained excellent results in such cases by the internal administration of the tincture of cantharides in good-sized doses. I translated some evidence on this several years, which was published in this journal. Dr. Clarence Bartlett, in his lectures last winter, called attention to the possibility of patients with granular kidney presenting a complex of symptoms closely resembling renal colic. It is well to remember that things are not always what they seem. Always doubt your diagnosis is a maxim that I have had impressed upon my mind from the earliest days of practice; think each case over; go over each point and see if it might not be something else. There was a Danish clinician whose lectures were almost childish in simplicity, yet he was such a masterful analyst of symptoms that when he had finished a case he had exhausted the subject. His motto was *semper dubitare!*)

Frank H. Pritchard, M.D.

**HYSTERIC FEVER IN BAMBERGER'S CLINIC: A DIAGNOSTIC PUZZLE AT FIRST SIGHT.**—Dr. Unsculd, of Neuenahr, Germany, reading of this first case recalled one which was once brought into Bamberger's clinic in 1858, while he was an externe there. It was never reported, as there was no such an itch for scribbling in Germany as there is now. The old professor took his students to the bedside of a young girl who had been found unconscious on the street, had been brought into the hospital and was delirious. Nothing could be learned of her antecedent history. Her temperature was much

above normal,  $41\frac{1}{2}^{\circ}\text{C.}$ , with short, superficial breathing and a distended abdomen. Bamberger examined her in his usual genial manner, and declared that her condition must be due either to typhoid or miliary tuberculosis. A positive diagnosis could only be made later. The next morning we were astonished when we came to her bed to see her sitting up in bed, laughing and seemingly entirely well, busy with some crochet work. Her history had been learned in the meanwhile. She and her lover had gone to a dance. He had jilted her there for another servant girl, and she had left the hall in the greatest excitement, intending to run home, but had fallen in the street and was picked up unconscious.—*Muenchener Medicinische Wochenschrift*, No. 19, 1903. (A French writer, Bourneville, I think, in such cases calls attention to the diagnostic value of a fine fibrillary tremor of the eyelids when such patients lie apparently unconscious.)

Frank H. Pritchard, M.D.

NOTES ON GONORRHOEA AND ITS COMPLICATIONS.—Dr. Hirschl, in the treatment of *vulvo-vaginitis*, has a decided preference for *protargol*, for in many cases he has found it a veritable specific. One should begin with a strong (10 per cent.) solution, *made in cold water*, never in hot, as it partially decomposes then. After that one should employ weaker solutions, which should be used as long as necessary. If *protargol* be employed energetically, one need fear no complications. Yet, if they set in then, one should treat them with the same remedy. It is also a serviceable prophylactic.—*Klinisch-Therapeutische Wochenschrift*, No. 13, 1903.

Dr. Bressel had under treatment a man with acute gonorrhœa, whose disease was nearly cured when suddenly the discharge increased and his temperature ran up. In short, he developed a typical *pneumonia*, which fell by lysis after eight days. The sputum which was tough and colorless contained gonococci and nothing else. A specimen of blood yielded a pure culture of gonococci.—*Muenchener Medicinische Wochenschrift*, No. 13, 1903.

*Ichthargan* is recommended by Dr. P. Taenzer, of Bremen, in *gonorrhœa*. He prescribes it internally, 0.05 : 200.0, a tablespoonful every three hours, injecting a 1-per-cent. solution at the same time.—*Monats. f. Prakt. Dermatol.*, Bd. 34, No. 7.

Prof. Claudio Fermi treats *gonorrhœa* by injecting 1 to 2 ccms. of a 2 to 3 per thousand solution of *protargol* by means of a balloon syringe, holding 2 to 3 ccms. This is repeated three times a day, about five or ten minutes being occupied each time. The solution is injected into the urethra, withdrawn in the syringe, and used again and again for about one hundred times. The penis is wrapped in sterilized gauze, which is wet with cold water, several times a day.—*Dermatologische Zeitschrift*, April, Hft. 2.

Frank H. Pritchard, M.D.

WHAT CAUSES DEATH AFTER SEVERE BURNS?—Dr. St. Weidenfeld, of Vienna, though admitting that a survey of the evidence leads one to the conclusion that death after severe burns is, in general, due to toxin poisoning, yet at the same time asserts that other factors should not be forgotten. In fact, it is a complex process, in which the toxins play the greater rôle. The shock, the blood-changes due to the heat, and the loss of serum are not to be overlooked, and according to the degree of their prevalence will the causes vary. But in the majority of the cases poisoning with some toxin produced



by burning must be invoked as the chief factor. The extent of the surface burned, the longer or shorter time before the fatal ending, the clinical symptoms, the states of excitement which may even simulate acute alcoholism, the somnolence, the gaping, the singultus, vomiting, fever, anuria, paleness of the face, as well as the findings at the necropsy, are certainly points which may induce one to accept a toxin poisoning as best explaining the symptoms. Besides, there are the directly poisonous qualities of the burned skin and tissues.—*Berliner Klinische Wochenschrift*, No. 23, 1903. (In such cases might it not be well to try normal salt solution, given by the rectum and hypodermically, with a free hand, in order to cause these toxins to be excreted? Such a measure would be quite rational, and was once successfully used in the Hahnemann Hospital in Philadelphia.)

Frank H. Pritchard, M.D.

THE PRACTICAL IMPORTANCE OF WIDAL'S REACTION.—Dr. Dombrowsky reports from his investigations in the typhoid wards of the military hospital of Warsaw, comprising one hundred and thirty-four cases. Of these ninety-six were suspected of having typhoid, eighteen had pulmonary tuberculosis, twenty were healthy individuals who had never had typhoid fever. He employs the following technique: to a culture eight to twelve hours old, on an oblique plane of agar, he added 10 to 15 cms. of sterile bouillon. The culture is shaken and placed in a thermostat for two hours. Then, by means of the capillary pipette belonging to Gower's apparatus, the serum is added in proportions of 1:25, 1:50, 1:100, 1:200; after two hours at the most it is examined in the hanging drop to see if agglutination has occurred. Then the culture with the serum is again placed in the thermostat to observe, if possible, a macroscopic reaction. But where a diagnosis is desired, the dilutions of 1:50 and 1:100 are sufficient. Ten minutes was enough for the earliest appearance of the reaction (microscopic), the latest fifty-five minutes, after addition of the serum. Hence, two hours is the extreme limit during which the reaction should be expected. There was one case where the reaction was absent on the eleventh day, though the necropsy revealed typhoid fever, and another where the reaction was positive, yet, post-mortem, an ulcerous endocarditis was found. His results are as follows: Widal's reaction, if properly carried out, is the most certain of the signs of typhoid, without being absolutely pathognomic. The varying results were chiefly derived from that time when a dilution of 1:10 was used. After having determined that greater dilution is necessary, the macroscopic reaction is of less importance than the microscopic. If both tests do not coincide then they should be tried again together. Dilutions of 1:50 and 1:100 are sufficient for diagnostic purposes. From examination of the sera of patients during convalescence, it would appear that this reaction is rather one of immunity than of infection. In consumptives the reaction is positive in 33 per cent., in dilutions of 1:10; in 16.6 per cent. in a dilution of 1:25. In twenty healthy individuals the test was negative in all, even in a dilution of 1:10.—*Hygienische Rundschau*, No. 5, 1903.

Frank H. Pritchard, M.D.

IS OPERATIVE INTERFERENCE INDICATED IN PROFUSE HÆMORRHAGES FROM THE STOMACH, AND WHAT IS TO BE DONE?—Prof. Thorkild Røvsing, of Copenhagen, Denmark, in an article on perforating ulcer of the stomach,

considered this question. On account of the attendant shock, previous hæmorrhage and the general condition of such patients who have bled profusely from a bleeding peptic ulcer, where operation seems indicated, he would advise following Witzel's advice to ligate the right and left superior coronary artery on each side of the ulcer, without opening the stomach at all. The seat of the ulcer will generally be easily determined without attempting to go into the stomach. The lesion, usually found on the lesser curvature, will be found by the greater infiltration or stiff indurated spot in the gastric wall, and the injection or changes in the peritoneal covering of that viscus. A ligature is passed, by means of an aneurysm needle, around the coronary artery. This will enable one quickly and easily to control the bleeding without unnecessary handling of the organ, loss of blood or exposing tissues to infection. This operation has been done four times since it was recommended by Witzel, twice by Roux and once by Angus, with success in all cases. If the condition of the patient allows it, in case where a stenosis complicates, one may do a gastro-enterostomy, yet in most cases this had better be deferred until later, on account of the patient's condition. At the same operation the ulcer might be prevented from perforating by folding in the stomach-wall and securing it by sutures.—*Hospitaltidende*, No. 15, 1903.

Frank H. Pritchard, M.D.

THE BOYS' VENEREAL PERIL.—(Valentine.)—In a very practical manner the writer addresses himself to this subject and repeats strongly the plea for proper instruction of the growing boy in regard to matters pertaining to his sexual hygiene. He should know these facts: 1. That of all women who die of diseases of the reproductive organs, 80 per cent. are victims of gonorrhœa, of which their husbands imagined themselves cured. 2. That of all children born with seeing eyes who become hopelessly blind within a few days after birth, 80 per cent. lost their sight because of infection by gonorrhœa. *That this fact should leave its deepest impression on the minds of youth at puberty is self-evident.* Other matters which should receive attention are: 1. Evidences of awakening genesic tendency. 2. Masturbation and its consequent results. 3. The evil influences seducing the youth into immorality. 4. Prostitution with the mental and physical destruction they bring. 5. Gonorrhœa, chancre, chancreoid and their sequelæ. 6. Advertising quacks and proprietary medicines. 7. The reason why youths should consult a reputable physician and receive what in the majority of cases will be greatly towards the advancement of such cases, viz., moral support.—*The Journal of the American Medical Association*, July 4, 1903.

William F. Baker, A.M., M.D.

KUMYSS AS A NUTRIENT IN DISEASE.—(Brush.)—The production of an alcoholic ferment in milk is far from an easy task and more difficult than in any of the other sugar-containing fluids. Cow's milk does not act to the ferment as readily as does mare's milk. As all the kumyss made on this side is necessarily made from cow's milk, it will be readily seen why so many are failures.

It is necessary first to have a milk of unquestionable standard, and it should be used before any changes take place which are natural to the milk.

Kumyss claims a foremost place among those articles of food with which, unfortunately, physicians interest themselves less than they do with drugs.

Therapeutically, kumyss is indicated in all diseases of the digestive organs, as catarrhs, acute and chronic diarrhœas and dyspepsia. In the convalescence of fevers it is particularly valuable. In all wasting diseases, as consumption and chronic diseases, the nutrition is kept up and strength maintained.

The properties of kumyss are the formation of fat, sleep producer and the promotion of nutrition in general, with a lowering of the temperature and pulse.

For babies with summer complaints it is also of value.

It has been found particularly of value in the treatment of delirium tremens and acute alcoholism associated with vomiting.—*The Therapeutic Gazette*, July 15, 1903.

William F. Baker, A.M., M.D.

THE BLOOD IN THE TYPHOID OF CHILDREN: A CLINICAL STUDY.—(Churchill).—The following conclusions are offered:

1. The blood of the typhoid fever in children differs from adult only in degree.

2. The erythrocytes are reduced in number, especially during the first three weeks, after which they begin to increase rapidly, reaching normal in the fifth week.

3. The hæmaglobin suffers more proportionately than the erythrocytes.

4. The leucocytes are reduced throughout the first four weeks, the lowest average being reached in the second week, except in severe and tedious cases.

5. The leucopœnia is of diagnostic value, especially in children in whom most febrile processes produce a leucocytosis. More data are needed to determine the priority of the appearance of the serum reaction or a leucopœnia.

6. The relative proportion of the different varieties of leucocytes differs at different periods of time, the greatest variations being found in the polymorphonuclear and the mononuclear elements; the former diminish and the latter increase as the disease advances. The increase in the mononuclears is chiefly in the lymphocytes.—*The Boston Medical and Surgical Journal*, June 25, 1903.

William F. Baker, A.M., M.D.

NEW METHOD OF APPENDECTOMY.—E. Ries (N. Y.) recommends the following for the treatment of the stump of the appendix: Separation of the mesentery and the amputation of the appendix about one-third of an inch from the base. The stump is then held by forceps, and simple traction in the cæcum prevents any escape of contents. A fine, round, straight needle with a thread, at the very end of which is a knot, is introduced into the stump about one-sixteenth of an inch from the cut surface, from the inside out.

The needle is then passed back into the lumen of the appendix and on into the cæcum, and passed out through the cæcum about one inch from the base of the appendix. Pulling on this thread inverts the appendix in a very satisfactory way, and its serous surfaces are in perfect apposition and are held there by mere traction upon the thread, while a second needle, with a catgut thread, sutures, in three or four continuous stitches, the serosa of the funnel of the inverted appendix. The first thread is then cut close to the bowel, and by gently rolling between the fingers is drawn back into the lumen of the bowel. The mesentery is then sutured over the base of the appendix. The danger from the perforation of the bowel-wall has been found to be very slight, as the experience with the Connell suture proves.—*New York Medical Journal*, July 4, 1903.

Bernard E. Bigler, M.D.



THE END RESULTS IN 1003 CASES OF INGUINAL AND FEMORAL HERNIAS.—Coley, W. B., gives an exhaustive report of 1003 cases of inguinal and femoral hernias. In 937 cases, the transplantation of the cord, Bassini's method, 11 relapsed. There were 181 inguinal hernias in women, and not a single relapse. In 20 cases, where the cord was not transplanted, 6 relapsed. In 66 cases of femoral hernias, 1 recurred, but was so slight that five years subsequent to operation only a slight impulse could be felt. Cushing's purse-string suture was used in 50 cases, no relapse, and the Bassini method in 6 cases of femoral hernias, with 1 relapse. The end results in the whole series of cases is as follows: 647 cases were traced and found well from one to eleven years; 705 cases were well from six months to eleven years; and 460 were well from two to eleven years: In those which relapsed after the Bassini operation, an examination into the histories of the cases showed some special reason for relapse in most instances.—*Annals of Surgery*.

Bernard E. Bigler, M.D.

INFLUENZAL ORCHITIS.—(Lucas.)—The first case was that of a man who had a serious inflammation of each testicle following on the grippe. The other cases were in boys from 8 to 3½ years. These cases occurred in the weeks following the autumnal outbreak of the disease, and suggested the idea that these complications may be peculiar to certain epidemics. The acute inflammation of the boys resembled very closely the acute variety in the man, with its redness and œdema of the scrotum; a through-and-through inflammation of both the body and the epididymis, extending through the superficial tissues, causing redness and swelling. From these cases the following conclusions are drawn:

1. Inflammation of the testes may occur as a sequel to influenza and may follow closely on the fever.
2. The organs may be attacked in succession one after the other.
3. In the presence of an epidemic of influenza sporadic cases of orchitis probably occur as a result of the influenzal organism.
4. It is very difficult, to be sure, to trace accurately the relationship to the preceding infection.—*British Medical Journal*, July 15, 1903.

William F. Baker, A.M., M.D.

THE SOURCES FAVORING CONDITIONS AND PROPHYLAXIS OF MALARIA IN TEMPERATE CLIMATES.—In summing up Smith says: (1) The original source of tertian infection must be looked for in the blood of individuals coming from permanently infected localities. (2) There is no definite information as to the stage of the disease or relative immunity in which mosquitoes may become infected, but analogy with similar diseases of animal life indicate that the gametes are not found early in the disease, and that relatively immune persons are the most dangerous, especially after fresh exposure, because in them gametes form very promptly without causing much, or any, clinical disturbance. (3) The dissemination of the infection is most easily promoted in our latitude, where people live in a crowded condition, unprotected from mosquitoes and near brooding-places of the anopheles. (4) The decline and disappearance of malaria after importation and epidemic prevalence is in part due to relative isolation of the inhabitants and protection from mosquitoes, and in part to the absence of persons partially immunized by long exposure in endemic localities. (5) There is some evidence that sewage pollu-

tion in surface-waters favors mosquito larvæ directly, through increase in food-supply; indirectly, by injuries, their enemies. (6) Since malaria may be latent, and hence unrecognized, and since it is largely a disease of the lower classes whose movements it is difficult to control, the best method of reaching it is to suppress the mosquito. (7) Malaria is of such importance as to become a notifiable disease. (8) Infants and children who have been exposed should have their blood examined during any disturbance of the health. (9) In times of epidemic it may be necessary to make some special regulations governing those affected. (10) It is of great importance that the relation of the widely distributed species, *A. punctipennis*, to the parasite of the tertian fever, be accurately determined. (11) It is also highly desirable to test the infecting power of fresh cases of tertian fever as compared with relapses and with individuals from malarial countries.—*Boston Medical and Surgical Journal*, August 6, 1903.

William F. Baker, A.M., M.D.

A REPORT OF EIGHT CASES OF PNEUMONIA IN INFANCY TREATED WITH ANTIPNEUMOCOCCIC SERUM.—John Lovett Morse, of Boston, reports these cases and reviews the subject of serum therapy in pneumonia by way of introduction. Although the Klemperers were able to induce an artificial immunity in animals against fatal pneumococcus infection, still no progress has been made since their experiments of a dozen years ago in furnishing us with a reliable curative serum. The reason why antipneumococcic sera are lacking in therapeutic value is because they are lacking in the end-body, or complement, notwithstanding the fact that they are rich in immunizing bodies.

After reciting in full the history and clinical course of each of the eight cases presented, Dr. Morse draws the following conclusions:

In these cases the serum had no effect on the duration of the disease, the course of the temperature, rate of the pulse and respiration, or the progress of the local condition. Complications occurred at least as frequently as usual, and the mortality-rate was not influenced. The serum certainly did no harm.—*Archives of Pediatrics*, July, 1903.

C. Sigmund Raue, M.D.

ACETONE AND DIACETIC ACID AS A CAUSE OF PERSISTENT RECURRENT VOMITING OF CHILDREN.—Dr. Edward L. Pierson has made it a rule to examine the urine of his cases of recurring vomiting, and has been able to confirm the observations of Edsall, Morse, Townsend and others that acetone and diacetic acid are pretty constantly present in these cases. One is more likely to find these products just preceding, or in the early stages of, an attack.

Three cases are then cited in which the above fact was demonstrated. Large doses of bicarbonate of soda were given to neutralize the urine, and, besides removing the diacetic acid from the urine, the soda exerted a beneficial therapeutic effect. In fact, administered in whey made from skimmed milk, it was the only thing the stomach would tolerate.—*Archives of Pediatrics*, July, 1903.

C. Sigmund Raue, M.D.

PHARYNGEAL CROUP RELIEVED BY NASAL INTUBATION.—A simple method of relieving pharyngeal dyspnoea is reported by Northrup, of New York. The patient on whom it was successfully applied was an infant 5 months old suffering with tonsillar diphtheria. The nose was obstructed

and the tonsils and pharynx so engorged that the infant found it almost impossible to breathe. It was, however, able, by forced voluntary effort, to open its throat and thus get air into the lungs, differentiating the condition from laryngeal obstruction.

A piece of drainage-tube about two inches long was inserted into each nostril, with complete relief of the dyspnoea.

In discussing the paper, Morse, of Boston, stated that three years ago he successfully applied this method of relieving dyspnoea in a young infant with syphilitic rhinitis. Adrenalin chloride is also useful in tiding a case over a critical period.—*Archives of Pediatrics*, July, 1903.

C. Sigmund Raue, M.D.

A CASE OF HYSTERIC FEVER; WITH ITS DIFFERENTIAL DIAGNOSIS.—Dr. Tillman, of Tsingtau, China, had under observation a marine, of healthy antecedents, of a pale appearance and moderately strongly build, who entered the hospital complaining of acute pains in the side and back. Internal organs normal; the neck and back sensitive to pressure. Treated with antirheumatic remedies the symptoms ameliorated. After sixteen days the temperature rose to  $38.6^{\circ}$  C., with headache, apparently without cause. The temperature had a remittent type, slowly increasing in intensity with periodic occipital headaches, with slight cough and expectoration of a purulent sputum. Lungs negative. The area of heart dulness enlarged, with a slight blowing and systolic murmur. Pulse 108 and regular. Four days later, diarrhoea with pea-soup stools; the spleen was enlarged. As an epidemic of typhoid had just died out, this disease was thought present and baths prescribed. The blood was repeatedly tested for Widal's reaction, with negative results. The heart and bowel symptoms disappeared, but the fever persisted. Three days later, with extremely violent headache, it reached  $41^{\circ}$ , at 9 P.M. With cold baths and packs at 1.30 in the morning, it fell to normal, with profuse sweating. The blood was then again examined—this had already been done once—for the parasite of malaria. Quinine had been given systematically without the least influence on either the fever or the headache. On the contrary, the latter increased so that the patient felt "as if a railway train ran around in his head." His face was pale and peculiarly distorted. The next morning he was silly. The next evening the temperature rose to  $42.5^{\circ}$ ; respiration increased to 50 times a minute, hesitating, superficial; pulse 120, small, irregular, and he was seemingly stupid with whimpering. The pupils were equal and reacted well; knee-jerks increased; no changes in the eye-grounds. An hour later the fever fell to  $37.4^{\circ}$ , with sweating. Complained of violent headache, and was quite easily frightened. His vertex was very sensitive to pressure; at times even touching his hand would cause him to tremble and shudder. Mind free, though stupid with silly laughing. As all other diseases seemed excluded, a centrally located nervous disease appeared to be indicated, and trepanation was discussed; hysteria had not yet been thought of. Twenty-six days after entering the hospital he was free almost from fever; for two days he remained thus. Then he began to complain of frontal headache, and at 9 P.M. the temperature commenced to rise without preceding chill, and at 1 A.M. it measured  $44^{\circ}$  in the armpit. The extreme height of the temperature led the reporter to the thought of hysteria. The patient, though seemingly deeply comatose, on



being loudly called to by name, opened his eyes and pointed to head, when asked if he had pain. The skin felt very hot, his face was cyanotic, the respiration fleeting, the pulse small and rapid. Treatment consisted of a cold bath, cold packs and camphorated oil subcutaneously. The next day the fever was absent. Since then the fever acted like a tertian, reaching at night 43.5°, 42° and once 45°, attaining the normal in the morning. One month and four days after the beginning of the disease he was restless, out of his mind, continually trying to get out of bed. Incoherent talking, no fever, pulse regular and of good tension. Left pupil larger than right; very peculiar breathing. There would be periods of apnoea, followed by others, when he would take from 80 to 120 breaths in the minute. The apnoea would begin with a deep inspiration, the dyspnoea with a deep expiration.

This peculiarity would be most marked mornings (during the visiting hours). His weight, though he had been feverish for almost three weeks, had only fallen off 1.5 kgs. No albumen in the urine. The fever from now on disappeared, but certain psychic phenomena set in. He remembered nothing of his illness, was reserved and timid, reflexes increased, no anaesthesia; no contraction of the field of vision, with defects of color perception (green and blue recognized as gray). About a month or three weeks later he had a seizure of mild delirium, fell into deep sleep and awoke hysteric, the next day remembering nothing of it. This was repeated. Under psychic and hydropathic treatment he recovered, after having been two and a half months in the hospital. The temperatures were confirmed by taking it at times with three different thermometers, in the axilla and simultaneously in the rectum. There was no chance for the patient to practice deception, as he lay comatose and was closely watched by the physician. A diagnosis was made by exclusion, the extremely high temperatures, which if they had been of toxic origin, would have ended fatally, and, finally, the psychic symptoms later confirmed the diagnosis.—*Muenchener Medicinische Wochenschrift*, N. 15, 1903. (The marine might have become homesick, and, under surroundings similar to those described by Poultney Bigelow in his *Children of the Nations* as peculiar to German China, an attack of almost anything from hysteria downward would have been excusable.)

Frank H. Pritchard, M.D.

TREATMENT OF CANCERS BY RADIUM.—Dr. Alfred Exner, of Vienna, presented before a recent meeting of the Imperio-Royal Society of that city a patient suffering from several cutaneous metastases following a sarcoma of the left arm which had been extirpated. A capsule containing radium was bound for ten to twenty-five minutes on each tumor. Some days after a dermatitis appeared, and at the end of fifteen days the growths exposed to the rays had wholly disappeared. A second case, a man, was shown which had been operated on three times for an epithelioma of the lower lip. He received six treatments of fifteen minutes duration; the induration disappeared and the ulcer healed. In the discussion Dr. Holzkecht asserted that he had noticed good results from the rays of radium in four patients, one with general psoriasis, the second with lupus of the face, the third with epithelioma, and the fourth with telangiectasis.—*La Semaine Medicale*, No. 27, 1903.

Frank H. Pritchard, M.D.

A CASE OF GENERAL INFECTION WITH THRUSH.—Prof. Heubner, of Berlin, at a recent meeting of Association for Internal Medicine, of that city, re-

ported an interesting case of generalized infection with *oidium albicans*. An infant of one year had been ill for four weeks. For fourteen days it had had coryza, and a little later tonsillitis, with formation of membranes which were so dry that they could be scraped off with a curette; they were neither membranous nor pultaceous. No glandular enlargement, but high fever and the clinical picture of a general infection. No diphtheria bacilli in the membranes, but the *oidium albicans*. The child died two days after being brought to the hospital. The necropsy revealed a gangrenous pharyngitis and parenchymatous degeneration of the internal organs. Under the microscope great numbers of the micro-organisms of thrush were detected in the tonsils and the kidneys, which were cultivated on bouillon. Experiments on animals showed them to be highly pathogenic to rabbits, for they produced dyspnoea, fever, paralysis and death. They were found in all the organs after death. The point of entrance was probably the tonsils. The writer asserts that typical mycelia and coccidia were to be observed microscopically; besides, the diagnosis of the micro-organism was also made by a botanist.—*Berliner Klinische Wochenschrift*, No. 27, 1903.

Frank H. Pritchard, M.D.

GASTROSUCCORRHŒA (REICHMANN'S DISEASE) AND ITS TREATMENT.—Dr. Roller, at a recent meeting of the Medical Society of Stettin, Germany, presented a case of gastrosuccorrhœa. This disease consists in the continuous activity of the peptic glands which secrete a juice highly charged with hydrochloric acid. The patients are usually fairly nourished, moderately anæmic have suffered from months to years from a sensation in the pit of the stomach, varying from a dull pain to one which is described as boring, tearing or burning, and even increasing to the most violent gastralgia. Many suffer most in the forenoon, some in the evening, others at night. Some alleviate their pains by eating, others by vomiting up the very sour contents of the stomach. The disease is nearly always associated with obstinate constipation. On account of the nocturnal attacks and without examination of the contents of the stomach the disease is often mistaken for gall-stone disease, intercostal neuralgia, gastric ulcer, carcinoma, atony ventriculi, and in old persons for angina pectoris. The diagnosis can only be made by syphoning off the contents of the stomach. The viscus should be empty. No test meal is to be given, but on introducing the stomach-tube a characteristically *greenish fluid, in quantity of 50 to 200 ccms., will be withdrawn*; if the tube be again inserted in an hour or so the same quantity will be extracted. The stomach is never empty. Fragments of meat are never found, but pieces of bread or vegetables which have been eaten the day before and are well digested will settle to the bottom of the glass. Ulcers and hypertrophy of the pylorus are the most common complications. Washing out the stomach may reduce the dilatation of that organ and cure that feature. The atony of the intestines, with lack of appetite, may reduce the patients to a desperate condition. In moderate cases as to treatment writers are divided into two parties: one seeks to use up the excessive acid by feeding with food rich in albumen, the other tries to avoid irritation of the stomach-walls by avoiding just these foods. Riegel asserts that there is no drug which will suppress the secretion of gastric juice. *Argentum nitricum*, irrigation of the stomach with solutions of this drug, regular syphonage of the stomachic contents every morning, injections of atropine, etc., may relieve or cure mild cases. But severe ones, associated with signs

of ulcer, require strict treatment for ulcer. The patient should be put to bed, fed by clysmata for six to eight days, following then with Laube's diet for ulcer, and only allowing meat after eight to ten weeks, in a very finely divided state. Thus he has been able not only to cure the ulcers, but also the original disease, the gastrosuccorrhœa. He has treated after this method three such cases which have remained cured for a long time.—*Berliner Klinische Wochenschrift*, No. 27, 1903.

Frank H. Pritchard, M.D.

**PUPERPERAL PSYCHOSES, WITH ESPECIAL REFERENCE TO THEIR ETIOLOGY AND PROGNOSIS.**—Dr. I. Wideroe, a physician of a Norwegian asylum for the insane, has studied this subject. He thinks that the infection has been overestimated in importance. He observed sixty-five primary cases, which formed 4 per cent. of those entering, from 1872–1890. In 46 per cent. there was a hereditary predisposition to mental disease, and, curiously enough, in puerperal psychoses there was a greater proportion of those hereditarily involved than amongst the insane as a whole. In such subjects puberty and the puerperium are danger points. In 22 per cent. there was a previous history of infection, a feature once estimated too lightly, but now rather overestimated. The late appearance of the disease rather points to infection playing an unimportant part. On the contrary, it has been claimed that since the introduction of antiseptic measures in midwifery the number of puerperal psychoses has decreased; a fact, but not so to such a degree as one might expect. If one compares Esquirol's figures from the 30's, Marcé's from the 40's, with Kraepelin's and find 8 per cent., as contrasted with 5–7 per cent., one will readily admit that the difference is but slight. From his researches he concludes that childbirth and childbed expose women, and, above all, those predisposed or previously weakened, to psychic disease. As to symptomatology there is no special type. The outlook is relatively favorable, for about sixty-four of his patients recovered, and more than half of them remained free from recurrence. Insanity following the birth of the first child has a better prognosis than after birth of several children; hence, the younger the patient, the more promising the outlook.—*Tidskrift for Nordisk Retsmedicin Og Psykiatri*, Bd. 2, Nos. 2 and 3.

Frank H. Pritchard, M.D.

**A SERUM TREATMENT FOR BASEDOW'S DISEASE; ANTITHYROIDIN; A SPECIFIC TREATMENT FOR MORBUS BASEDOWII.**—Dr. Lanz who has reported some cases in 1899 where he had employed the milk of goats, from which the thyroid glands had been removed, with success in cases of Basedow's disease; and now he reports several others. The operative treatment for this condition being dangerous he tried to use "an anti-body," to overcome the basic condition, an overproduction of thyroidin, which is supposed to cause Basedow's disease. Of the first two cases treated he lost sight of one; the other received goat's milk from thyroidectomized goats, with good results as long as the treatment was kept up. Since then he has treated seven others. Three were treated simultaneously by other measures; two were favorably influenced; the third not so. In a very severe and advanced case the milk-treatment had a striking influence. The pronounced nervous symptoms as tremor, irritability, and sleeplessness disappeared, the pulse sank from 120–140 to about 80, the exophthalmus diminished, the hair stopped falling out and the



menses reappeared. The patient's weight increased from 98 to 126 pounds, and he was able to work the whole day. But the goitre did not decrease markedly in size, a feature noted also in the other cases. This improvement continued after the use of goat's milk was discontinued; how long, was not to be determined, but it seemed months. In another case, where a similar amelioration was obtained, it persisted after the milk had been discontinued. The country physician who had the case under observation could not help expressing his surprise that the disease had not returned. In two others fully as good a result was gotten, and no recurrence took place after several months in one, while the other took the milk for nearly a year. In removing the thyroid from goats one should be well acquainted with the anatomical relations or one will be disappointed. He advises to take not only the favorable, but also the unfavorable, cases into consideration, and not to condemn the method until enough have been observed to enable one to decide. Moebius has been able by means of the serum of thyroidectomized goats, in doses of 5 gms. every other day, to reduce the goitre in size and make the patient feel more comfortable, but treatment had no influence on the pulse-rate. He has received communications from other clinicians who have obtained similar results. As the number of cases reported is still few, one should still suspend judgment as the therapeutic value of the method. Probably better results may be obtained from larger doses which patients certainly ought to tolerate. Unfortunately, the remedy is very expensive; it is made by Merck, of Darmstadt.

Drs. Burghart and Blumenthal are less reserved as to their conclusions. They have their patients drink about one-half a litre a day of this special milk of goats. The subjective symptoms are greatly improved; the goitre, as well as the exophthalmus, decrease, the former becoming softer. The patient's weight increases. As the milk took on a disagreeable odor, on account of the way in which the goats were fed, a dry preparation was made, of which 125 gms. corresponded to one-half a litre of milk. This was fully as effective as the milk itself. This milk-powder is called *rodagen*, and is prepared by the *Vereinigte Chemische Werke*, of Charlottenburg, Berlin, Germany.—*Hospitalstidende*, No. 14, 1903.

Frank H. Pritchard, M.D.

**TREATMENT OF UMBILICAL HERNIAS IN LITTLE CHILDREN BY INJECTIONS OF PARAFFINE.**—Prof. Escherich, of Vienna, presented before the Society of Physicians of that city a large number of little children who had been successfully treated for umbilical hernia by the mentioned method and had been permanently cured. The usual measures, as, for example, adhesive plaster, are both tedious and uncertain. He employs paraffine with a melting-point of 38° C. It is kept fluid in a water-bath at 45° C., then injected with a metallic syringe and a curved needle into the little hernial sac. The syringe has a movable disc which regulates the amount of paraffine to be injected, 1-5ccms. The umbilical region is first rendered aseptic, the contents of the sac returned into the abdomen, the needle introduced into the top of the sac with the right hand, the sac being held in the left. An assistant injects the required quantity, when the sac is released. A little compress, dipped in ice-water, is placed over the hernia for one minute, then the needle is withdrawn. The puncture is closed with iodoform-collodion, two pieces of sterilized gauze laid over the sac, which are held in place by a strip of O.Z. plaster, reinforced by

a broader strip of adhesive plaster. Over the whole a few turns of bandage are wrapped. The dressing is left on for eight days. Then one will find beneath the skin and covering the hernial opening a flat, hard and immovable pad, which completely occludes the opening and reaches out on all sides. One soon learns by practice how much paraffine to inject, so that neither too little nor too much is used. He has tried this method in thirty cases with excellent results, and beyond slight sloughing of the skin, which soon healed, he never noticed any untoward effects. The smaller the hernial opening, the better the outlook, as a rule, but one may inject if the aperture be up to 1cm. in diameter. If larger, this treatment is unable to cure the hernia, as some of the paraffine may ooze into the peritoneal cavity.—*Muenchener Medicinische Wochenschrift*, No. 26, 1903.—(The German journals are advertising special syringes for injecting solid paraffine. The barrel is surrounded by a spiral tube of small calibre, through which circulates hot water, thus keeping the paraffine above the melting-point.)

Frank H. Pritchard, M.D.

TREATMENT OF A DESPERATE CASE OF POST-DIPHTHERITIC PARALYSIS BY BLEEDING, FOLLOWED BY INJECTION OF ARTIFICIAL SERUM.—Dr. Schoull, of Tunis, in a case of post-diphtheritic paralysis of the palate and all four limbs, in a young man of 30 years, in spite of antitoxin having been used previously, and where such measures as hypodermics of strychnine, caffeine, inhalations of oxygen and application of the actual cautery to the spine had failed, tried "lavage" of the blood. As the patient was very fat and venesection was difficult, he applied a number of leeches around his anus. These drew about 300 ccms. of blood; at the same time a litre of artificial serum was injected under the skin. It was not long before an improvement was manifest. The pulmonary and bulbar symptoms, which had been desperate, ameliorated, and that very evening he had so improved that he was out of danger. The threatening symptoms were probably due to a paralysis of the pneumogastric.—*La Semaine Medicale*, No. 21, 1903.

Frank H. Pritchard, M.D.

INCONVENIENCES OF PROTHETIC INJECTIONS OF PARAFFINE.—Dr. Hallopeau, of Paris, showed before the Société de Dermatologie et Syphiligraphie a young woman who had had a saddle-shaped nose. A country physician, in attempting to correct this deformity by injecting paraffine, as is done nowadays, instead of giving her a Grecian nose, succeeded in producing a hideous deformity, which consisted of a voluminous swelling on each side of that organ, increasing, instead of decreasing, the unsightliness of her face. Only a bloody operation could relieve her of her added blemish. The favorable results recently reported are by no means constant, for the paraffine may be diffused through the connective-tissue and into the lymphatics.—*La Semaine Medicale*, No. 27, 1903.

Frank H. Pritchard, M.D.

## MONTHLY RETROSPECT

### OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY O. S. HAINES, M.D.,

with the collaboration in German literature of C. Sigmund Raue, M.D.,  
and in French literature of Charles Platt, M.D.

A CASE OF MERCURIAL POISONING.—The following interesting case of poisoning by corrosive sublimate was reported in *Columbus Medical Journal* :

Mrs. B., German, aged 26 years, unknown history, was brought to the Protestant Hospital, April 10, 1903, from a hotel, having landed here the night before from a neighboring city. Temperature, 99°; pulse, 86; eyes normal; heart and lungs appeared normal; skin eruption over greater part of body, papular in character, discrete and perhaps a day or two old; some of the papules bore a brownish scab, newer ones seemed to contain a small amount of fluid, still more recent ones rather hard and reddened; there were but two papules upon the face, none on the hands or feet. There was marked purpura and excoriations from scratching. Marked stomatitis as produced by mercury, very offensive breath, frequent retching and vomiting; vomitus yellowish-brown, sometimes greenish in color; anorexia, pain in stomach and abdomen, tender upon palpation, diarrhœa, stools contained particles of mucous membrane in shreds of yellowish color, fluid, dark-colored and contained red blood-corpuscles. There was a foul discharge from the vagina tinged with blood; almost complete suppression of urine; four drachms were obtained by catheter during four days in hospital; urine acid in reaction, albumin (12 per cent. bulk) granular and epithelial casts.

She was mentally sluggish and developed muscular twitching and convulsions about forty-eight hours before death; coma developed about eight hours before death. Pulse ranged between 80 and 100 until last ten hours, during which time it grew frequent, irregular and weak.

From the vaginal bleeding and offensive discharge an abortion was suspected. Dilatation and curettage were performed. No *debris* was found that could be attributed to an aborted pregnancy. The rectum was examined at the same time. The mucous membrane was ulcerated and covered with a dark, foul-smelling mucoid substance. This extended beyond the parts in view. Her husband stated later that she had taken several tablets of corrosive sublimate. He did not know the number nor size. She took them for the purpose of producing an abortion; she thought she was pregnant.

Radial pulse imperceptible five minutes before death. Autopsy; œsophagus more or less eroded, stomach contained about 1½ pints of a dark, offensive



fluid, mucous membrane almost entirely destroyed, except about  $1\frac{1}{2}$  inches about the cardiac orifice. The duodenal mucous membrane largely destroyed, and at points, both in stomach and duodenum, the deeper structures were eroded almost to the extent of perforation: erosions were to be found throughout the entire length of the small intestines. These had no relation to Peyer's patches: a whitish-yellow croupous-like membrane lined a large part of the small intestinal tract. The colon was well distended, the mucous membrane showed marked congestion, with erosions here and there, and well lined with an exudate, as described above. The rectum showed a similar condition; liver somewhat enlarged; spleen congested, soft and pulpy; capsule stripped easily; pancreas hardened, but not enlarged; kidneys resembled much the large, white kidney; they were enlarged, soft, capsule stripped easily, cortex thickened, pale and granular. No distinct calcareous deposits could be found, such as sometimes occur in mercurial poisoning, yet there were small hardened points that were distinguishable.

**SAMBUCUS CANADENSIS.**—This is the indigenous North American elder. Dr. H. E. Randall, in *Philada. Medical Journal*, says, that the fluid extract in  $\frac{1}{4}$ - to 1-teaspoonful doses, three or four times daily, comes as near being a specific for dropsy as anything he has ever used. It does not seem to matter whether the dropsy is due to heart or liver or kidney mischief. This observer has been disappointed, like the rest of us, in his use of cathartics and diuretics in dropsical conditions. He feels sure of the good effects of the elder.—*Southern Clinic*.

**IMPRACTICABLE ADVICE.**—In *Medical Advance* is quoted from the writings of Hahnemann, the following advice respecting the treatment of those who are troubled by tape-worms: "The morbid symptoms of patients suffering from tape-worm are generally of such a kind that they are rapidly relieved (homœopathically) by the smallest dose of tincture of male fern root; so that the peculiar condition of the patient, which causes this parasitic animal to be restless, is thereby at once removed. The tape-worm then feels at ease, and lives on quietly in the excrement of the bowels without particularly disturbing the patient or his intestines, until the antipsoric treatment is so far advanced that the worm, after the eradication of the psora, finds the contents of the bowels no longer suitable for its support, and, therefore, spontaneously disappears forever from the now cured patient, without the least purgative medicine." The publication of such impracticable advice can hardly do us any good, nor can it reflect much credit upon either our school or upon Hahnemann's immortal name. Any one who has had much experience with tape-worms must know that the best way to quiet a restless worm is to put it in a wide-mouthed jar filled with alcohol. Hahnemann also said that hundreds of human beings have fallen sacrifices to the horribly violent purgatives directed against the worm. He also thought that sometimes this destroying purgative treatment was continued for several years, and that, after all, the worm was not expelled, or, if so, it was again produced. This would not hold good of modern therapeutic methods. Let us drop out of our recollections all such remarks of that great physician and remember only the true and practical things which he taught.

**HAMAMELIS IN THE HÆMORRHAGES OF TYPHOID FEVER.**—Dr. William F. Baker reports the experiences of several of his students who were attending

cases of typhoid, under his supervision, the past winter. Hamamelis tincture, 10 drops dissolved in 12 teaspoonfuls of water; teaspoonful doses on the hour controlled and cured the hæmorrhages from the bowels that occurred in several of the cases referred to. The abdominal soreness and tenderness was a feature, and the blood was dark in color. Although these patients had been greatly exhausted by the flow of blood, yet they did not seem to worry concerning the hæmorrhage. In one case the hæmorrhage was remarkably controlled at once, and in all the action of the remedy was satisfactory.

AGARICINE IN CHOREA.—The special clinical number of *The Clinique* went to Boston to attend The Institute in a very fetching blue frock. It was a remarkably interesting number, and confirmed us in our previously expressed opinion, that he who does not read *The Clinique* misses much. In the report of the medical clinics of Dr. H. V. Halbert may be found a reference to the efficacy of agaricine in chorea. The author states that he has had favorable results from its administration in many cases. A case in point is mentioned. A girl, aged 16 years, well developed, with no distinct history of predisposing causes, had been subject to choreic seizures which came on suddenly and which persisted with untold force. Her hands were in constant motion, and the facial muscles were implicated. Menstruation was normal and her other functions were naturally performed. The third decimal of agaricine cured her after the first decimal had produced but slight amelioration.

SCABIES AND ITS TREATMENT TO-DAY.—Edna M., aged 9 years, presented herself at Dr. C. D. Collins' clinic, suffering from an eruption which began upon her hands some six months since. The disease first appeared as blisters about the size of a pin-head, containing an amber fluid, and later became pustules. They were prominent between the fingers. The eruption spread irregularly over the entire body. Crusting, cracking and bleeding were subsequently observed. Much itching. The disease spread to other members of the family. Numerous scratch marks were to be seen over the body, especially about the breasts, abdomen and buttocks. The following local application was ordered for the child: Carbolic acid, 25 drops; zinc oxide, 2 drachms; vaseline, 1 ounce. Mix and rub in for five minutes at a time, twice daily. Sulphur 66x. was also prescribed, four times daily.—*The Clinique*.

REMEDIES FOR MASTITIS.—Dr. H. R. Chislett thinks that the remedies most commonly called for in mastitis are: *Phytolacca*, *calcarea fluorica* and *conium maculatum*. Locally, a supporting bandage with moderate, even compression will be all that we shall find necessary.—*Clinique*.

INDICATIONS FOR ARSENICUM IN TYPHOID.—Dr. E. O. Adams says that arsenicum is indicated in typhoid cases, after the fever has about run its course, when there is a tendency for the temperature to be higher than normal for a few hours, at regular intervals. The vitality of the patient has been much reduced, and the patient does not seem to be recovering as rapidly as should. Irritative symptoms of the intestines remain, and the condition seems to be one of enteritis rather than of typhoid fever.—*Cleveland Med. and Surg. Reporter*. It has seemed to be a peculiar feature of a number of the typhoid fever cases the past epidemic, that about the fourth week or earlier

the temperature, reaching normal or even below each morning, would rise each afternoon or evening to 100 or more. No special symptoms accompanied this continuance of afternoon temperature, save some diarrhoea in one or two cases. This afternoon fever or evening fever persisted in one case for a full month, before both evening and morning temperatures were normal. In other cases it lasted two or three weeks. Such cases are probably instances of enteritis after typhoid, or cases in which there has been unsuspected deep involvement of the intestinal glands with slow cicatrization. At all events, they are cases in which it is well to be very strict and conservative regarding the question of food. In one case, a return to more solid food promptly produced a slight hæmorrhage.

**CALCAREA IODATUM IN GOITRE.**—Dr. Arthur J. Huselton reports the following interesting experience in the treatment of swelling of the thyroid gland. A woman complained of enlargement of the thyroid. The left lobe of the gland measured two and one-half inches in width, and two inches in length. There was slight involvement of the right lobe. The enlargement was quite soft, giving almost the sensation of fluctuation. This patient complained of pulsation over the left lobe. She would waken from sleep with a sense of suffocation and choking, relieved by assuming the erect posture or sitting up in bed. There were no cardiac symptoms further than rapidity of action upon exertion. She was given *calcarea iodatum* 1x., 1 grain every two hours. This remedy was continued for a period of four months. The left lobe has decreased until it is of normal size, and she no longer has annoying symptoms.

**THE ACTION OF LOBELIA IN EPILEPSY.**—In the *Homœopathic World* for July may be read one of Dr. Robert T. Cooper's unique and original observations upon the action of lobelia in a case of epilepsy, which had apparently originated from some pressure upon, or injury to, the brain, and which medical men had deemed a case not to be cured by medical treatment. The lad, aged 13 years, had been thrown violently against a lamp-post, two years previously. Two weeks after this injury the first seizure occurred. He was kept at school for a year, losing ground constantly, however, in his studies, and having repeated nocturnal paroxysms. He was then sent to several hospitals, but received no benefit. He had four or five fits some nights. During the paroxysms his eyeballs twitched, he threw his arms about and fought his attendants. Dr. Cooper gave *cina* without effect. Then he prescribed the acet. tincture of lobelia inflata., 10, and, afterwards, 15 drops were mixed with 2 drachms of water; of this 5 drops were administered every fourth hour. After two weeks his fits were reduced to two a week. Two weeks later he became worse, and had four fits in two hours, right ankle and foot turned inward, could not sleep on account of twitchings, had severe shooting pains in head, noises in each ear, and teeth became tender. Three weeks later he was much better, a crop of boils came out upon his neck, for which sulphur was prescribed. His boils disappeared. February 11, 1902, some three months after beginning treatment, the lad was so much improved in general health that he went back to school. He had not had any return of his attacks for eleven days, and looked like a different boy. Some of our readers may not like the diagnosis of epilepsy in this case, and may even doubt whether the cure could be considered complete, because Dr. Cooper



does not add the later history of this case, but the action of the lobelia seems noteworthy at least.

**THE SNAKE VENOMS.**—Dr. P. Jousset, in the May number of the *Art Medical*, has an instructive article on the snake venoms which it may be profitable to review in some detail. He calls attention to the fact that even with homœopaths who use the venoms in therapeutics there is a lack of proper distinction between them, a tendency to consider them as possessing the general characteristics of one large class. Cunningham has, however, made it clear that we have to deal with two distinct classes, and these he has designated the colubridæ and the viperidæ—the former including the cobra (*naja tripudians*) and haje, the latter, the lachesis and crotalus as types. Jousset finds these names unfortunate, and suggests the zoologic classification of proteroglyphs and solenoglyphs as preferable. It is indeed a confusing nomenclature, particularly to an American who has been accustomed to include in the coluber family chiefly non-venomous snakes, to make a separate family of the crotalidæ, and to place the cobra and haje as members of the viperidæ. I may add that American snake men, as the result of experience of the different venoms, speak commonly of cobras and of vipers, including among the latter the crotalus, or rattlesnake. But to return to the article.

The venom of the colubridæ (cobras, etc.) kills by its action on the central nervous-system and by paralysis of the respiratory muscles. The pulse is small, thready, accelerated and irregular; there are bilious vomiting and cold sweats. Characteristic is the successive paralysis of groups of muscles, ptosis, strabismus, paralysis of the lips and tongue, of the larynx, and, finally, reaching the respiratory muscles, death, with paralysis of the diaphragm. If we add involuntary evacuations and, possibly, convulsions, particularly when the poison is introduced directly into a vein, and if we remember that the local symptoms are little marked—no inflammation, no pain, no considerable œdema, and no ecchymosis—we have a fair picture of what the colubridæ may do.

Calmette, who has experimented largely with the venoms, explains the symptoms as the result of a selective affinity of the poison for the granular matter on the floor of the fourth ventricle, the damage extending until, when the root of the pneumogastric is reached, death results. The blood is not altered, neither as regards its corpuscles nor as regards its coagulability.

The venom of the viperoids destroys the blood-corpuscles, gives rise to ecchymoses and to hæmorrhages, and particularly to hæmaturia and to albuminuria. Convulsions are common, and when paralysis does occur this begins in the lower extremities. Locally there is pain, œdema and even gangrene. The respiration is accelerated, there is vomiting and there is tendency to syncope. With certain of the venoms, lachesis and crotalus especially, there is determined an inflammation of the lungs, while with the serum of the eel, classed by Jousset as comparable with the venom of the viperidæ, the liver and kidneys show marked necrotic changes.

*Therapeutic Indications as Deduced from the Effect of Snake Bites.*—The colubroids should be of value in paralysis agitans, in labio-glosso-pharyngeal paralysis, in paralysis of the diaphragm, in locomotor ataxia, and in the general paralysis of the insane. In other words, the colubroids (cobra, capel, haje, elaps, benzarus, etc.) are indicated exclusively in diseases of the nervous-system.

The viperoids present a greater variety of indications in epilepsy, in eclampsia, in the congestions of the menopause, in hæmorrhages, in purpura, in liver and kidney diseases, in phlegmons, and in gangrene, etc.

Jousset refers, in closing, to the criticism so often heard, that the venoms introduced into the stomach cannot possibly be effective. He offers in refutation of this that venoms taken in this manner, experimentally, have produced results analogous (not identical) with those produced by injection, and, secondly, that numerous clinical observations have *proven* the therapeutic value of the venom.

In line with the above, the July *McClure's Magazine* contains an interesting article by A. W. Rolker, wherein the difference in action between cobra and viper venom is succinctly described: "The fatal poison (cobra) contains about 95 per cent. of nerve-destroying, and about 5 per cent. of blood-destroying, elements. Within five minutes the pain leaves the wound, and even the shock of the attack begins to wear off. There is little suffering, nor will there be to the relentless end. . . . If one recovers from the immediate effects within a week, one is as healthy as ever."

The effect of a "strike" from a rattlesnake, as an example of the action of the viperoid venom, is described as follows: "The poison is quite the opposite of the cobra's, containing about 95 per cent. of blood-destroying, and about 5 per cent. of nerve-destroying, elements. With all the vigor of a sharp acid the venom circulates, attacking the walls of the veins and the red corpuscles in the blood, and causing untold agony. Quick blood-poisoning is the result, and all the excruciating pain endured by a sufferer from that sickness, during a two weeks' period, is crowded into the few remaining hours of the victim's life. Unless the heart-action can be kept up by stimulants, the end comes within a few hours. Antitoxin may save the victim, but the difficulty of obtaining this in a state of preservation, when needed, renders it practically useless to humanity in general. And even with antitoxin at hand, the after-effects would remain. For a long time the victim may suffer from blood diseases, carbuncles, abscesses and, frequently, gangrene."

AN INTERMITTENT FEVER CASE.—Dr. Frank A. Gustafson, in *Medical Advance*, reports some excellent cases that were cured by the homœopathically selected remedy. Among these, he mentions the case of a farmer, aged 36 years, who had suffered for three weeks from intermittent fever during the fall of 1892. After he had at length succeeded in "breaking" the fever, it is presumed by quinine, the farmer realized that he was not well, and, indeed, had been in poor health up until the time of consulting Dr. Gustafson, in March of the present year. March 20th, the man had a severe chill, with much thirst during the cold stage, aching in back, temperature of 106°, profuse sweat, severe frontal headache during the sweat. Bryonia 6th was prescribed. The morning of the 22d he had another chill at seven o'clock. Then the doctor prescribed eupatorium perf. 3c. March 24th, he had a slight return, with temperature of only 102°. March 26th, he had a chilly sensation, without rise of temperature. This ended the attack. If anyone wishes to treat his malarial cases homœopathically with success, he should provide himself with Dr. H. C. Allen's work on *Fevers*. This book does much to facilitate the selection of the proper remedy in intermittent fever; indeed, it is a great help in the treatment of all fevers.

# THE HAHNEMANNIAN MONTHLY.

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OCTOBER, 1903.

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## THE UNDISCOVERED LESION.

BY O. S. HAINES, M.D., PHILADELPHIA, PA.

(A talk before the Homœopathic Practitioners' Association of Reading, Pa., at their Mid-Summer Meeting on Mount Penn, July 21, 1903.)

WE have been looking forward, for some time, to this visit to your beautiful city of Reading. We are particularly gratified because of the opportunity which it affords. The opportunity of addressing a gathering of *practitioners* of the medical art. These are the doers, the practical men, the men who are bearing the burden of the day's labor, the men upon whom the public depend for relief of suffering, for cure of disease, for wise counsel in the affairs of the family and home. These are the busy men, the men who often work while other men sleep, like faithful cascarets. I see by my card of invitation that I am addressing an association of "*homœopathic practitioners*." I suppose that means that, when their cases are such as need medicine, their medical practice conforms strictly to the doctrines of the homœopathic law of drug selection. To be listened to by such a gathering, in itself, conveys no mean compliment; yet I must be wary in my speaking, lest such an audience, out of the fulness of their practical knowledge of the actualities of our art, detect flaws and imperfections. Hence, to feel sure of my position to-day, I have chosen for my theme a subject in which I can truthfully say I *do* feel sure of my position. I am going to talk about two essentials of the art of the medical practi-



tioner, the earnest pursuit of which will go far to make one an ideal practitioner.

"*The Undiscovered Lesion.*"—That is what so many people are dying of in this great land of ours. Not all of those who succumb to the inevitable die of an undiscovered lesion; but a great many do. Now for my proofs.

It has been my good fortune to be present at not a few post-mortem examinations. Not all of my own doing, I should add; and perhaps not as many as I should have liked to have witnessed. The one feature of many of these examinations—the one feature that has indelibly impressed itself upon memory—has been this. In many of these examinations the *post-mortem* findings did not coincide with the ante-mortem diagnosis of the attending physicians. Death had resulted from some other lesion than the one for which the person had been treated during life. Surely, facts like these should impress the practitioner profoundly. Whether they do or not, I shall leave to you to answer. In many post-mortem examinations the investigator finds a lesion, or finds lesions, that have never been dreamed of by the attending practitioner during life, lesions that have been more intimately concerned with death and dissolution than any of the lesions that *had been* recognized and named, as the causes of death, previous to the demise of the patient. Thus it has come to pass that the pathologist will tell you that it is a very difficult matter to find out exactly what ails a man before he is dead. And thus, too, it has come to pass that great clinicians, the world over, have passed the best portion of their lives in the great laboratories, trying to perfect the science of diagnosis, originating new methods of research, announcing, as necessary in differential diagnosis, the most perplexing and complicated chemical and bacteriological procedures. These men surely have not, and do not, devote their lives to this sort of work simply because a dead man is more interesting to them than a living one. It is because they wish to know how a physician may recognize, beyond peradventure, the signs of disease in the living. And thus, too, it has come to pass that huge volumes, the results of these painstaking efforts, appear from the medical press. Works upon advanced pathology, upon modern clinical methods, upon modern diagnosis. What do the practitioners think of such books? Do

they buy them eagerly and peruse them patiently? Or do they think them a nuisance? Or do they say: "We have heard enough of dead men, and of pathology and of bacteriology." "Tell us how to cure people."

Thus it appears to be a reasonable inquiry: "May a practitioner successfully treat and cure a patient without first learning, without being able to know exactly, the precise nature of the lesions that are the cause, or a part, of his illness?" And the answer to such an inquiry is, doubtless, that the practitioner may—sometimes.

I think that we may conclude with safety that it is just here that trouble begins for the practitioner. The fact that recovery sometimes, or even frequently, follows the administration of a remedy, prescribed without a knowledge of the pathology of a case, without a careful and painstaking investigation of the patient from a clinical standpoint, has a tendency to engender in the practitioner a carelessness of method in the examination of patients, which is apt, in turn, to result in an indifference or, I should perhaps say, an *insensibility* to the needs of the case, even when those needs are urgent ones. I want to acknowledge here that what I am trying to show in my argument is the fact that an insensibility to the vital needs of a case of illness is a fearful thing to contemplate in the medical practitioner. Heaven forbid that I should assume the position of critic of my fellows in dealing with such a subject. A remembrance of one's own shortcomings effectually prevents the assumption of a critical position in such an argument.

But, it is profitable to contemplate the dangers of one's position, even on a hot July day. Retrospection is excellent, if it makes for an improvement in future action.

And so I am going to state, as a fact, that a neglect, on the part of our practitioners, of such branches of medical science as pathology, clinical diagnosis, especially the modern laboratory methods of clinical diagnosis, the neglect of the more modern and perfected methods of physical exploration, which I presume you have sometimes noticed among yourselves, for I have observed, in my own case, how difficult it is to be always thorough in my own examinations, will ultimately develop, as surely as can be, this fatal *insensibility to the needs* of the case in hand.

What could be more serious to contemplate than a practitioner, content with the mere superficialities of his case, content with a knowledge of those few symptoms of a case, which are simply mentally suggestive of a certain drug-proving, made in the dim, distant past? Overlooking the pathology, and urgent needs of an abdominal suppuration, in his apathetic comparison of its symptoms, with those of a pathogenesis.

Content with a survey of symptoms which do not by any means express the real nature of a patient's illness, nor voice his imminent or future perils.

Content to let our patient go with "a remedy" for his ailment, which does not bear any relationship, or only a very superficial relationship, to the actual *needs* of the case.

A contemplation of such possibilities is, in itself, calculated to provoke in our minds and in our methods a healthy reaction that cannot help but make for the future good of our clientele.

I hope that my impression is an erroneous one, yet I have a distinct impression that our old patients with whom we are perfectly familiar, and with whom we have kept in touch for years, stand a rather greater chance of having their ailments imperfectly diagnosed than does the *new* patient who comes to us a stranger and unknown, requesting of us at his first visit "a thorough investigation" of his case. I would not like to say that familiarity breeds contempt, but I will venture to admit that great familiarity, or the feeling that one enjoys perfect familiarity with a case, engenders, let us say, a dangerous indifference. It will be in just such cases that the lesion may be a latent one, or in such cases that the significance of symptoms may be easily misunderstood; if symptoms be accepted in lieu of the facts elicited by physical exploration. I ought to mention the case of a woman, well known to society, who had a miscarriage. Some time after its occurrence, she became ill with an attack resembling to some extent, in symptoms, acute rheumatism. Several of the larger joints became acutely inflamed, and an endocarditis followed. As she had suffered in previous years from acute rheumatism, it was to the mind of her physician sufficiently clear that this later attack was also rheumatic. She died, however, of pyæmic abscesses and general blood poisoning. I may not claim this death could have



been prevented by local treatment of the uterine cavity earlier, but I may ask you to think over such a possibility. I am glad that the physician was not a homœopath, yet we all are liable to err.

I need not dwell longer upon this point. I believe that you will agree with me that it is a point easily established, not to be gainsayed.

Now, at the present moment, a sore dilemma confronts our school of medicine. A dilemma which must be solved by every practitioner, individually, for himself. Upon its successful solution depends not only the integrity of our school, but also upon it depends the future position which every practitioner of our school shall hold in the esteem and confidence of the public.

This dilemma appears to be the antagonism of the two divisions of our school, upon the question of the absolute *necessity* of the modern methods of investigation of disease at the bedside, in order that the vital needs of the case may be recognizable; and, the antagonism of the same two divisions upon the question: "Does the science of therapeutics consist simply and solely of the skilful adaptation of a drug to the complete morbid picture; or, are drugs and medicines merely details of this great science of cure or alleviation?"

I think you must all be familiar with the complexities of these discussions. I shall not weary you with any further reference to them, save this: On the one hand, you see arrayed a group of practitioners who are mostly very thorough in their bedside investigation of disease, who apply to their cases all the modern methods of physical examination and chemical and bacteriological research, who make very careful diagnoses, who are keenly alive to the vital needs of the case, and are quick to recognize the necessity for mechanical interference or surgical procedure. It is, however, characteristic of this group that they regard medicinal measures as of little value, in a curative sense. They employ, largely, medicines for their palliative effects. To them the curative homœopathic remedy is an insignificant or minor detail of the science and art of therapeutics, and one that may handily be dispensed with.

On the other hand, you may see arrayed a group of practitioners who know little of the more modern methods of bed-

side investigation of disease, and who care less. True they *say* that the physician should exhaust every known method of research in his efforts to obtain the totality of the morbid symptoms and signs, but they do not do it. It matters not what a man sayeth or thinketh, it is what he does that counts. The sole object of this group of practitioners seems to be the recognition of such a morbid picture as will correspond accurately with some mental picture which they possess of the pathogenetic effects of some drug. Meanwhile, very often the actual need of the case is overlooked, for all sick men do not need drugs to cure them.

The vital question finally dwindles down to this: To which of these groups of medical practitioners may the future of homœopathy be best and most securely intrusted? In the hands of which group may we expect our peculiar school of medicine to grow, to thrive, to expand, so that it may exist as a distinct school for all time?

I find the answer, in my own mind, to be: that homœopathy, in the hands of either group, must ultimately cease to exist.

What is the cure? It is a simple cure. We must look for the perpetuation of homœopathy to a *new class* of practitioners who shall rise up in our midst to save our science. The seed has been planted. They are beginning to appear. I see some of them before me to-day.

You can tell them by three grand characteristics, which, like the three-legged stool which Hering said he liked to stand his remedies upon, makes their selection from the mass of the profession almost sure.

These three characteristics of the men who are to save us from disaster may be thus described.

*First.* They show the keenest interest in modern medical progress, particularly in the direction of improved methods of physical, chemical and bacteriological diagnosis. They examine each case of illness most critically. They are quick to see a cause for the illness, and quicker to remove it. They are uneasy and unhappy until they have found out, beyond doubt, all that it is possible to know concerning the nature and pathology of the illness.

*Second.* They have discriminating minds. They survey each case with the idea of fully determining its special therapeutic

needs. As a result, only a certain proportion of their cases will receive medicine as the dominating measure in their therapeutics.

*Third.* They have found out that there exists no better nor surer nor more certain method of selecting *curative* drugs, for those who need drugs to *cure* them, than the rule of drug selection known as the Homœopathic Law. Consequently, when their critical minds have determined that a given patient *needs* only a drug to cure, they select that drug according to the homœopathic method, and they give it in accordance with the best homœopathic thought.

This is the class of practitioners who shall rise up to save homœopathy; who *must* rise up; or, as a school, we are lost. These are the men who shall also, in time, abolish the evils which follow in the wake of the "undiscovered lesion." And I am not dreaming when I say: There is an "undiscovered lesion" gnawing at the vitals of our beloved science of homœopathy as well. Have I diagnosed it correctly? If so, my prescription is right.

The second portion of my argument has to do with "the conservation of therapeutic facts."

The best things that you have accomplished during your professional careers, the most brilliant of your therapeutic successes, have, for the most part, long since been forgotten. Some of them you could not duplicate to-day, if you tried, because you have *forgotten* how to do it.

Now, to forget is the opposite of to get; but it signifies merely a "mental loss." And it is to this constant and repeating mental loss that I wish next to ask your attention for a very few moments. Please inquire of yourselves whether you are gaining, or getting, each week and month and year, a new equipment of therapeutic knowledge that fully balances and will fully compensate for the weekly, monthly and yearly *loss* that is solely the result of this sheer forgetfulness, which is the handicap of each one of us in our race through life. I have thought over it a bit, and I must candidly admit that my mental trial-balance shows a decided preponderance of loss over gain in several directions. In order that the firm shall be saved from bankruptcy, I have been seriously considering plans and expedients that promise to make for the "conservation of my



stock of therapeutic facts." To-day, in addition to calling attention to the importance of this subject to every practical physician who earns his living by his therapeutic knowledge, I wish to mention one simple plan whereby every one may keep in touch with his stock in trade and may obviate, in great measure, this constant mental loss, due to the prevalent habit of forgetting.

A simple anecdote will show the importance of this. One of my friends and I were talking quite recently about a serious case of stomach disease. I frankly admitted that I did not know how to manage it, as I had tried so many things without success. "Why," said my friend, "you told me of a plan of yours some three years ago that quickly cured such a case for me." I asked him what the plan was. He told me. It all came back to my mind in an instant, and the measures answered quite as well now as they had answered our needs three years ago. I had trusted my useful therapeutic fact to the uncertain custody of my brain, and it had betrayed my trust.

A therapeutic fact that is useful to-day will be as useful at any time in the future, if you have it at hand. At least, such will be the case in the vast majority of instances. The whole matter then dwindles down to the simple question of how we may preserve the useful facts learned to-day, so that they may be available at any time in the future, when we may again have use for them. You see it a trifle that seems hardly worth your while listening to. And yet it is something upon which the perfection of one's professional success clearly depends, at least to a great degree.

I suppose every one of us has felt, at some time or other, that if we only had the time we could and should like to write "a book." Have felt that we could, out of the fulness of our own experiences in certain lines of work, produce a book that would outshine the production of some other fellow, whose publication does not exactly come up to our idea of what such a book ought to be. Try it some time, and you will find that you come to the end of your string very quickly. You will find that you have forgotten too many details—too many facts. And if you continue, you will be obliged to fall back upon the writings of those who have gone before. And so we find, with few exceptions, that one book is a cleverly disguised "re-

hash" of other men's experiences. Now, suppose you sat down to such an undertaking with the accumulations of twenty-five years of your own individual experiences at your elbow. You would write a book that would make your fortune. It would be a new kind of book.

The plan I propose is this: Have a couple of drawers for filing cards, say 5 by 8 in size. Have these cards handily placed. Whenever you learn a therapeutic fact; whenever a remedy acts as you expected it would; whenever a friend tells you of something that has astonished him, some wonderful effect of a drug, write it down and file it under the proper letter of the alphabet. When a second experience proves the truth of the fact make a note of it on the proper card. These things accumulate rapidly; and you will be astonished how useful this drawer of therapeutic facts will become. A case comes in that perplexes you. Go to your drawer. The patient won't know why you thumb your cards. But, very likely, you will find the exact suggestion that you need. You are strengthening your stock of facts daily; you are writing a book. After you have enough, you ought to publish it or exchange it for some other fellow's stock of experiences. If the homœopathic profession had been following this simple method, or some such method, it would not take long for the American Institute to purge our materia medica of all its inaccuracies and imperfections. Now, we shall have to wait until the whole ground has been gone over and all our remedies reprovén,—a work that will take a century.

I doubt if any proving is more than suggestive, until the bedside experience of the practitioners of our land shall have proved or disproved the truth of the therapeutic deductions which we make from that proving. Meanwhile, the mass of our practitioners are going on in the usual way, proving the truths, disproving the falsehoods of our therapeutics, and then, sublimely indifferent to those generations that shall come after them, they are forgetting what they have learned. Every generation goes through the same process, and we blaspheme because there has been no advance in the essential part of homœopathy, our materia medica and our therapeutics. The question is: Will you go on forgetting, or will you begin to conserve your therapeutic facts?

## THE CLINICAL EXAMINATION OF THE INTESTINAL CONTENTS OF INFANTS.

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(Read before the Homœopathic Medical Society of Penna., Scranton, September 22, 1903.)

A RATIONAL understanding of the diseases of the intestinal tract presupposes an intimate knowledge of the character and composition of the stools in health and in disease. Without this knowledge it is impossible to diagnosticate the various disturbances of the functions of the intestine or the pathological lesions here found. Besides, we will often fail to understand the true nature of an apparently obscure constitutional disorder if we neglect to investigate the intestinal discharges for evidence of intestinal parasites, which often affect the general health in the most marked degree.

Unfortunately, the examination of the fæces impresses the average physician as a repulsive procedure, and the benefits to be derived from such an examination are held inadequate pay for the unpleasantness of the task involved. But with proper technique this is not the case, and especially so in infants. In pædiatric work there is positively no excuse for neglecting such an examination whenever it happens to be called for.

In older children a specimen of fecal matter is best obtained by inserting a piece of glass tubing with rounded ends into the rectum, for a distance of about three inches, and allowing it to remain in place five minutes. By the end of that time the peristaltic action of the rectum will usually have filled the tube. In infants a freshly soiled diaper can, as a rule, be obtained without difficulty, although, when we wish to be absolutely certain that no urine is admixed with the stool, we will have to resort to the tube.

*The Normal Infantile Stool.*—Shortly after birth the infant passes three to four stools, consisting of meconium,—a thick, tarry substance, representing the biliary and mucus secretions that have collected in the intestinal tract during intrauterine



life, besides epithelium and particles of vernix caseosa and hairs. Following this, the normal milk stools make their appearance.

The normal milk stool is of a golden-yellow color and of a thick, smooth, pasty consistency, without definite formation. The odor is slightly sour, not offensive, and the reaction is acid. A large percentage of water is present, so that a ring of moisture surrounding the fecal matter forms on the diaper. This ring normally extends for a finger's breadth beyond the stool; any considerable increase in moisture beyond this point is abnormal. In the early months of infancy there are from three to four stools in twenty-four hours; by the end of the first year the number is decreased to one or two.

The first abnormal condition to be observed in intestinal disorders is an *increase in the size and in the frequency of the bowel movements*. This means intestinal indigestion or dyspeptic diarrhœa. When we pause to reflect that the main work of digestion, and practically all of assimilation, takes place in the intestinal tract of the infant, we must be impressed by the fact that such a condition may be the forerunner of most serious consequences.

In the dyspeptic stool we discover, first of all, particles of undigested milk, "milchdetritus," almost universally and erroneously designated "curds." Far from representing mere particles of undigested casein, their composition is most complex and variable. While casein in greater or lesser proportion may be present in these clumps of fecal matter, still their composition is chiefly of fat, together with fatty acids and lime-salts. Indeed, in some forms of diarrhœa the fat percentage is so high (30 per cent. to 50 per cent.) that the condition has been designated "fat diarrhœa" (Biedert; Demme).

Together with the above alterations in the character of the stool, there is also a change in the *color*, manifesting itself as an admixture of green. The green color is due to the presence of biliverdin. Several explanations for its presence may be offered. In the first place, bacterial changes in the intestinal tract, by which the bilirubin is oxidized into biliverdin, may change the color of the stool to green already in the intestinal tract. In other cases there is simply an excess of bile, which is promptly oxidized on exposure to the air, the stool thus becoming more and more green as it stands.

Again, as Pfeiffer (*Jahrbuch für Kinderheilk.*, 1888) points out, the green color in the stool depends upon the action of an alkali on the bilirubin and does not signify acid fermentation, as was formerly taught. The important point to remember is, that while an alkali changes the color to green, an acid does not convert it back again to yellow. Therefore, an alkaline zone must exist somewhere in the intestinal tract—the alkali being most likely derived from the pancreatic juice. The reason for its excessive action is either feeding milk in too large quantities, thus neutralizing the gastric contents completely, or hyp acidity of the gastric juice. After the intestinal contents have passed this alkaline zone, they may again become acid through the action of the *bacillus lactis ærogenes*.

Another cause of green stools is the chromogenic bacillus described by Le Sage. This is rarely present.

The admixture of green and yellow, together with the white particles of “milchdetritus,” produces the characteristic appearance described as chopped eggs and spinach.

A further abnormal change in the stool is an *increase in its fluid elements*. Blood serum is always freely poured out in inflammatory conditions of the intestinal mucosa, and in cholera infantum the evacuations consist essentially of serum.

*Increase in the Number of Stools.*—An increase in the number of stools indicates either that the food is being hurried through the intestinal tract in an undigested state or that an inflammatory condition has supervened. Increased peristalsis is an important factor in both conditions. In dyspepsia there may be from four to six stools daily. In inflammatory conditions of the upper bowel the stools are large, increased to from six to eight daily, and, as a rule, expelled with considerable flatus. When the lower bowel is affected the stools are smaller in size and more frequent, while involvement of the rectum produces tenesmus that may practically be continuous. In such cases only a small amount of fecal matter is passed, but considerable mucus and usually some blood are present.

*Decrease in the Number of Stools.*—An abnormal decrease in the number of stools is designated constipation, when due to deficient peristalsis, insufficient or improper food, or abnormal dryness of the mucosa. The various forms of bowel obstruction cannot be considered here.

*Mucus.*—Mucus is found in insignificant amount in both normal and dyspeptic stools, but in inflammatory states it is always present in considerable quantity. In fact, in catarrh of the intestine, it may be the chief, if not the sole, constituent of the movement.

The character of the mucus offers most valuable data in the recognition of the seat of the lesion in inflammation of the bowel. When thoroughly admixed with the other elements of the stool and stained with bile, it comes from the small intestine. Under these circumstances gas usually accumulates in the intestines and the abdomen becomes distended.

Mucus coming from the large intestine is more abundant, not so intimately admixed with the fecal matter, and not thoroughly bile-stained. The mucus secreted from an inflamed rectum is passed in clear, jelly-like lumps, blood-streaked.

*Blood.*—Profuse hæmorrhage from the intestine most commonly originates in either tuberculous or typhoid ulcers. Hæmorrhoids are rare in children, but rectal polypi are not uncommon.

Blood from the small intestine gives the stool a dark, tarry appearance. In the newborn, intestinal hæmorrhages are at times encountered, the blood coming from folliculous ulcers in the stomach or large intestine (melena neonatorum.) Blood passed in fresh clots comes from the rectum or lower part of the colon. Small quantities thoroughly admixed with the stool in diarrhœa originate in capillary hæmorrhages.

*Color.*—The color of the stool is affected in a pronounced manner by certain drugs and by the food. As above stated, the normal milk stool is of a golden yellow. Excessive amounts of fat may give it a grayish color, while excess of proteids usually brings about greenish discoloration. Barley-water and meat-juice tend to give it a brownish color. In obstructive jaundice the stool becomes clay-colored. Calomel produces a decidedly green stool, loose in character. Bismuth and iron cause the stool to turn black.

*Chemical Examination.*—The chemical examination of the fæces has yielded data of the highest clinical importance. In this connection the *odor* may be considered, as it depends upon chemic changes in the food induced mainly through the agency of bacteria.



The sour odor of the infantile stool depends upon the presence of fatty acids and to the action of the bacillus lactis ærogenes upon the lactose, which is transformed into lactic and butyric acids. Under pathological conditions, acetic, formic and other organic acids may appear.

A foul odor indicates decomposition of proteids into tyrosin, indol, skatol and phenol. This is encountered in the severer forms of infectious diarrhœa.

The *reaction* is acid in the majority of diarrhœas. Baginsky states that it is likely to be alkaline when the odor is foul, indicating the presence of ammonia compounds from decomposition of proteids. From extended personal observations I have come to the following conclusions:

In dyspeptic diarrhœas, or in affections of the upper intestinal tract, the reaction is acid. This, no doubt, depends upon the fact that in the small intestine the bacillus lactis ærogenes predominates. Besides, in these affections, mucus and serum are not as abundant as in affections of the lower tract.

Stools from the lower tract are, as a rule, alkaline. Here the bacillus coli predominates and proteid decomposition is most active. Moreover—and probably of greater importance—more mucus and serum enter into the composition of the stools from this region. I have invariably found that where mucus was abundant the reaction was either alkaline or neutral. Blood serum being alkaline naturally tends to render the stool so.

Neutral stools are frequently seen. A combination of causes seems to be active here.

*Bile pigments* are increased in catarrhal conditions, biliverdin predominating. Stercobilin (identical with urobilin), the coloring-matter of the stools, is not found in any considerable amount, owing to the absence of putrefactive changes, but hydrobilirubin—a reduction compound of bilirubin—is found when fermentation with the liberation of hydrogen occurs. It can be readily detected by the corrosive sublimate test.

Blauberg (*Experimentelle u. kritische Studien Über Säuglingsfæces*, Berlin, 1897) has made the following observations in his careful work in this line:

The green color of the stools is due to bilirubin, which not only develops after exposing the fæces to the air, but which is

always present in the slightest digestive derangements. He is inclined to think that certain ferments play an important rôle in its production. The sour odor depends upon free fatty acids and butyric acid.

The amount of nitrogenous compounds averages about 4 per cent.

Fat is found in considerable quantity in the fæces during the early weeks of infancy, but under normal conditions a decided decrease in this ingredient occurs after the seventh and eighth days. An actual fat diarrhœa may occur in the newborn, indicating that it must accommodate itself to breast-milk as well as to any other food. Chapin (*Archives of Pædiatrics*, July, 1903) expresses similar views, basing his argument upon a study of the evolution of mammals. He writes as follows: "While the stomach of an infant is formed at birth, its function is not developed. Strictly speaking, then, an infant has no stomach at birth, as it does not secrete pepsin and hydrochloric acid, but a dilated sac that develops into a true stomach during the suckling period."

Lactic acid, fatty acids and iron are present in larger amounts in the fæces of breast-fed than in bottle-fed infants.

When cows' milk is fed there is a larger proportion of fat, nuclein, lime-salts and phosphoric acid.

The gases represent the products of lactose fermentation, together with some swallowed air and  $\text{CO}_2$ . Normally, they are never foetid.

Diastatic and invert ferments are normally present.

*Microscopical Examination.*—If a bit of normal fæces be placed upon a slide with a drop of normal saline solution and examined with a low power, we will not find much of interest. Small particles of nitrogenous matter, fat-globules and crystal of fatty acids, traces of mucus, a few epithelial cells and *débris* constitute the chief elements. Animal parasites are absent. The normal bacteria will be considered further on.

When the child is artificially fed, the findings in the microscopical field will depend upon the nature of the food administered. Under these conditions it is also not infrequent for animal parasites to show themselves.

The various cereals used in infant feeding leave a considerable amount of indigestible vegetable *débris* in the stools, rep-

representing the cellulose walls of the cells in which the starch-granules are contained. From an examination of a large number of diarrhœal stools in which barley-water and other cereals were used as a diet, the writer has been led to believe that these foods are not without their drawbacks in inflammatory states of the intestinal mucosa. In this belief I am still further strengthened by the following findings, which indicate the microscopic appearance of the different cereals under different conditions:

*Barley-Water Made from the Grain.*—(In these examinations a two-third-inch objective and a one-inch eye-piece were used.) The field contains broken-down starch-granules and homogeneous starchy material, together with a large amount of cellulose detritus, wooden in appearance. The bits of cellulose structure represent clusters of from ten to twenty starch-granules, and some are visible to the naked eye.

*Barley-Water from Patent Barley-Flour.*—No starch-granules, but homogeneous starch material, together with abundant cellulose detritus, slightly finer than above.

*Barley-Flour Mixed with Cold Water.*—Starch-granules and cellulose detritus, some visible to the naked eye.

*Wheat-Flour, Boiled.*—Broken starch-granules and homogeneous starch material. Clusters of swollen starch-granules in cellulose sheaths and cellulose detritus.

*Wheat-Flour Mixed with Cold Water.*—Starch-granules free and in clusters, with envelope of cellulose.

*Rice-Water Made from the Grain.*—Starch-granules broken down and in solution. There is some cellulose, but it is not so coarse nor as abundant as in barley or wheat.

*Arrowroot Mixed with Cold Water.*—Starch-granules free from foreign admixture.

From the above it will be seen that the blandest solution on which the infant can be fed is arrowroot-water, after which comes rice-water. Wheat and barley both contain too much cellulose, particularly barley. In health this is no disadvantage, but under abnormal conditions it must be taken into consideration.

*Charcot-Leyden Crystals.*—The flat, needle-like crystals first discovered in the sputum of patients suffering with bronchial asthma are also found in the fæces quite constantly in cases of



anchylostomiasis. Not so constantly, but quite frequently, they are encountered in association with tape-worm, ascarides, oxyurides and in amœbic dysentery. (Amberg; Simon.) On account of their close association with eosinophilic leucocytes they have been termed leucocytic crystals. These leucocytes and their free granulations can be demonstrated in such fecal matter by staining with eosin.

*Blood and Pus.*—Blood and pus-corpuscles are at times found in the fæces when the naked eye does not suspect their presence. In such cases it is well to stain for the tubercle bacilli, as tuberculous ulceration may be the source of these elements. It has been stated that the bacillus acidophilus of Moro possesses staining properties similar to Koch's bacillus, but I have not been able to satisfy myself that mistakes in diagnosis could thereby arise.

*Parasites.*—In the fæces of children under mixed feeding, Pagliari (*Jahresbericht über Thierchemie*, 1894) found the eggs of parasites in 90 per cent. of cases. They represented ascarides, trichocephalus and tœnia solium. The eggs of the oxyuris are not found in the stool. The trichomonas is a protozoön of spindle-shape, with four flagellæ at its anterior pole, and is of no pathological significance. It is thought to be identical with the trichomonas found in the vagina and in the urine. In examining for parasites and ova it is well to add a drop of Grassi's fluid (aqueous solution of iodine with potassium iodide) to the fecal matter.

*Amœba Coli.*—This organism was discovered in the stool of dysentery patients by Lösch in 1875, but its true relation to the disease was first established in 1885 by Kertulis. In America, Osler was the first to demonstrate the amœba in an hepatic abscess complicating amœbic dysentery.

Amberg (*Johns Hopkins Hospital Bulletin*, December, 1901) reported five cases of amœbic dysentery in children ranging from 3 to 5 years. The amœba are motile and contain red blood-corpuscles. They may be stained with a watery solution of toluidin blue, which does not kill them for from three to four hours. If the amœbic movements are not discernible, the slide should be warmed.

*Helminthes.*—*Oxyurides* can often be obtained by means of the rectal tube, but their eggs are not deposited in the fæces. The

eggs are smaller than those of the ascaris and are oval in shape. The *ascaris* deposits the eggs directly into the intestine. They are yellowish-brown in color, almost round, from 0.05 to 0.07 mm. in diameter, and surrounded by an irregular albuminous shell.

The ova of the *Uncinaria Americana* (hook-worm) are ellipsoids, 64 to 76 micromillimeters long by 36 to 40 broad, in some cases partially segmented, in others containing a fully developed embryo. Their color is grayish, like that of a steel engraving. (Stiles, *Bell. No. 10, Hyg. Lab. U. S. Pub. Health and Mar. Hosp. Serv.*, Washington, February, 1903.)

*Tania saginata* has elliptical ova of a brownish color with a distinct vitelline membrane. A double contour and striæ may be demonstrated under high magnification. *Tania solium* is rare in this country. The ova are surrounded by a thick, striated membrane, and the hooklets of the embryo can be seen within the ovum.

*The Bacteria of the Intestinal Tract.*—The normal bacteria of the intestinal tract are represented chiefly by the bacillus lactis ærogenes and the colon bacillus. The former is found mainly in the upper intestinal tract, while the latter predominates in the large intestine. The duodenum is comparatively free from bacteria under perfectly normal conditions. The bacillus lactis ærogenes disappears from the stools as soon as the milk diet is dropped. Moro has described a bacillus which he calls the bacillus acidophilus, and which, according to his investigations, normally exceeds all other micro-organisms in the stools of breast-fed infants. He has isolated it from the nipple of the human breast and from the milk. Under abnormal conditions its numbers become diminished and the colon group predominates. The chief characteristic distinguishing it from the colon bacillus (including the typhoid bacillus and Shiga's bacillus) is the fact that it does not decolorize by Gram's method.

By Escherich's stain it therefore stains blue, while the colon group is stained red. Escherich (*Die Darmbakterien im Säuglingsalter*, 1886) was of the opinion that under normal circumstances most of the colon bacilli resisted the iodine solution and did not lose their stain, while in diarrhœal affections they were decolorized. This view, however, has been controverted by Moro's investigations. (*Wiener Klinische Woch.*, No. 5, 1900.)

Nevertheless, Escherich's stain is of the greatest practical importance, as it demonstrates the exact proportion between

normal and abnormal bacteria in the infantile stool. It is carried out as follows:

A cover-glass preparation of the stool is fixed in the flame of a Bunsen burner and stained for a few seconds with aqueous gentian violet plus aniline oil and blotted; it is then immersed for a few seconds in aqueous iodine solution and blotted; decolorized with a mixture of equal parts aniline oil and xylol, washed in xylol and dried. The specimen is now counter-stained with alcoholic fuchsin, washed with water, dried and mounted in Canada balsam. The formulæ for the stains are:

1. Aqueous solution of gentian violet, 5:200. Boil for half an hour and filter.

2. A mixture of absolute alcohol and aniline oil in the proportion of 11:3.

3. Mix No. 1 and No. 2 in the proportion of 85:15. This represents the stain, which will only keep for two to three weeks.

4. A solution of iodine, 1 part; potassium iodide, 2 parts; water, 60 parts.

5. Concentrated alcoholic solution of fuchsin, diluted with an equal volume of absolute alcohol.

With this method, normal and abnormal stools can even be distinguished macroscopically, by the preponderance of the blue color in the former and the red in the latter. When streptococci are present, as is the case in grave inflammatory lesions of the intestinal mucosa with resulting infiltration and necrosis of the tissues, they retain the blue color, but are readily distinguished from the bacilli by their form.

While the colon bacillus and the bacillus lactis ærogenes are normally saprophytes, still it has been clearly proven that both, especially the colon bacillus, may, under certain conditions, assume pathogenic properties.

The proteus vulgaris is often found in the stools of artificially-fed infants, and when active produces a foul odor. It is usually regarded as non-pathogenic. The chief interest attached to it is that at one time pure cultures were used for therapeutic purposes, as it was found that the colon bacilli could not exist side by side with the proteus.

It is characterized by its variable forms and is decolorized by Gram's method.

*Shiga's Bacillus.*—Since the investigations of Duval and Bassett at the Thomas Wilson Sanatorium in Baltimore, during



the summer of 1902, which resulted in the surprising discovery that the bacillus dysenteriae of Shiga was the etiological factor in the series of cases of summer diarrhœa under observation, this organism has come to occupy the most prominent rôle in the bacteriology of the intestinal tract of children. Mr. Duval had previously been engaged in studying the acute dysenteries of adults under Flexner, of the University of Pennsylvania, and his work was therefore immediately accepted as authentic. In an address before the medical association of New York City (October, 1903), Flexner commented upon the work of Duval and Bassett, stating that while these investigators were not prejudiced in the belief that the bacillus of Shiga was a distinctive germ of summer diarrhœa, still all other organisms present resisted the tests applied to them. Cultures were made and the agglutination test employed. In over forty cases was the bacillus isolated. Since then the Shiga bacillus has been isolated repeatedly from the stools of children suffering with acute diarrhœa, both here and abroad.

The bacillus is a short rod with rounded ends, and is slightly motile. Vedder and Duval claim to have demonstrated flagellæ. It does not produce spores, and, like the other members of the colon group, decolorizes by Gram's method. Like the typhoid bacillus, it possesses distinct agglutinating properties with the diluted blood serum from an infected individual. On the strength of this fact, it is hoped that a curative antitoxic serum may be evolved. Its growth is slower than the colon bacillus, and in a soft jelly it forms a perfectly spherical colony, while the typhoid bacillus forms threading colonies, and the colon bacillus a collection of small colonies. It is more difficult, however, to distinguish it from the paratyphoid bacillus. (Dunham, *N. Y. Med. Record*, February 28, 1903.)

It is best isolated as follows: Grow on agar plates at 37° C., and mark with a pencil the colonies appearing at the end of twelve hours. These are usually colon bacilli. The ones appearing later should be transplanted to glucose-agar fermentation-tubes in order to differentiate the gas formers. The agglutination reaction is possible with a 1-to-50 dilution of the blood serum of the patient afflicted. In fresh bouillon cultures the bacillus is motile during the first eight to twelve hours. It has but slight resistance to heat and antiseptics. (Muir and Richie, *Manual of Bacteriology*, 1903.)

A CASE OF SUBDURAL HÆMORRHAGE IN THE RIGHT FRONTAL REGION;  
SUCCESSFUL LOCALIZATION; OPERATION; RECOVERY.

BY CLARENCE BARTLETT, M.D., PHILADELPHIA, PA.

(Read before the Homœopathic Medical Society of Pennsylvania, September 24, 1903.)

IN presenting the various clinical phenomena making up the complete clinical picture of the following case, I shall adopt the unusual course of recounting the same as they were developed, rather than of presenting a condensed statement of the symptoms as viewed by those in attendance with the case successfully closed.

On March 25, 1903, I was asked by Drs. T. L. Chase and W. C. Goodno to see Mr. F. E. D., æt. 63 years, in consultation. The history as elicited at the time was as follows: In August, 1902, he consulted Dr. Chase for a deafness which seemed to be progressive. He was then examined by Dr. C. M. Thomas, who diagnosed a dry catarrh of the middle ear, for which very little could probably be done by treatment. Shortly following this deafness he developed a constant nausea, without, however, any associated gastric disturbance. At about the same time there appeared, on several occasions, an unsteadiness of gait, which was never observed by Dr. Chase. Then these symptoms were somewhat relieved. Tobacco, of which he had been very fond for years, became obnoxious to him. In December he developed vertigo, having two well-marked attacks during that month. This vertigo was characterized by being drawn to the right side associated with a sense of falling. After stopping for a moment he was able to resume whatever happened to be his occupation at the time. Early in February he began with severe headaches. These finally became constant and of great severity, but were always relieved when he assumed the recumbent position, and were made worse by any motion. About the middle of March drowsiness supervened, and by the 25th of that month it had increased to such an extent that he could be aroused with difficulty.

My examination was confined entirely to the discovery of objective symptoms. The patient was somewhat bald, and the

right anterior portion of his scalp exhibited a slight œdema not manifested elsewhere. The scalp was absolutely normal posteriorly. There was no sensitiveness to touch or manipulation. The left knee-jerk was more energetic than the right. The patient could be aroused sufficiently to protrude his tongue and grasp the dynamometer. The tongue was protruded straight. The dynamometer grasp of the right hand was 40; of the left, 15. The pupils were equal and moderately contracted. The ophthalmoscopic examination was unsatisfactory. His radial arteries were no more thickened than one would expect in a man of his age.

The intense headache, so strictly localized in the frontal region, offered two suggestions: one, organic disease of the brain, and the other, chronic renal disease. I inclined to the latter view until positively assured by Drs. Chase and Goodno that repeated examinations of the urine did not show sufficient kidney disturbance to account for the severity of the symptoms. In favor of the organic brain disease also were the relatively weakened grasp of the left hand, and the exaggeration of the left knee-jerk. The œdema of the frontal portion of the scalp was suggestive also of disease beneath. The problems next in order were the determination, first, of the nature of the lesion and, secondly, its location. The history of the case as outlined to me led me to strongly suspect tumor. But the very rapid progress of the symptoms for the preceding three or four days seemed to negative that view with a fair degree of certainty. The evidence at hand favored a focal lesion. Excluding tumor, we had remaining abscess and hæmorrhage. The patient gave no history of either middle-ear suppuration or traumatism, and Dr. Goodno asserted his positive convictions that there were no lesions in any portion of the body capable of producing brain suppuration. The patient's son, who was admitted to the consultation, then called to mind that his father had sustained a severe head injury in June, 1902, while in the cellar of his home. It was sufficiently great to knock him down and force him to remain seated for half an hour after the blow. The beam against which he struck was dirty, and there was a scalp wound. The wound was to the right of the median line and over the anterior end of the parietal bone near the frontal suture. With this information, I in-



clined very strongly to the opinion of brain abscess, admitting only as a bare possibility that of hæmorrhage. In favor of abscess were the infected wound of the scalp, the œdema, the rapid progress of the symptoms during the past few days, and the evident fact that the lesion was a focal one.

The next point to be determined was the location of the lesion. The prominent brain symptom was the mental cloudiness, suggesting a lesion of the frontal lobes. It is true that the vertigo and nausea made one think of a cerebellar lesion, but as these symptoms were long since ancient history in his case, a localization in that portion of the brain was dismissed from mind, for there was positive evidence of a frontal lesion in the œdema of the frontal scalp. The right frontal lobe was indicated by evidence of right-sided brain disease, as shown by the exaggeration of the left knee-jerk and the loss of power of the left hand. Whatever the lesion was, it must be situated sufficiently near the motor area to affect the functions of that portion of the brain. At the same time, it must have been sufficiently far away to have paralysis as a late manifestation. The spot selected for trephining was just within the hair line and about an inch from the median line.

An operation was urged as offering the only hope for recovery, and was accepted by the family.

At 5 P.M. of the same day, Dr. W. B. Van Lennep trephined at the point indicated. The process of going through the bone was unusually tedious, owing to the great thickness and hardness of the cranium. The dura beneath was unduly tense. An incision was followed by a forcible gush of a reddish serum, which was evidently retained under considerable pressure. Altogether, about one to two fluid ounces of this serum escaped. The completed incision discovered a localized sinking of the brain structure. At the bottom of this cavity was some old blood-clot. A lesion having been found, further operation was decided as unnecessary. The sinking in of the brain, or rather the failure of the brain to come forward on the relief of pressure, indicated the absence of any tension producing lesion as abscess in the cerebral substance. The wound was packed with iodoform gauze and the patient returned to his bed.

On the following morning he was perfectly conscious and headaches were gone. Everything promised an uninterrupted

recovery. On the morning of the 27th he was again drowsy. There were coarse râles over the upper portion of the chest, but the heart and kidneys were acting well. The gauze was removed from the wound, and with it escaped some blood. Again the patient improved.

Favorable and unfavorable symptoms alternated for several days, during which time the wound was irrigated daily. Then a new set of phenomena appeared. The patient exhibited a pure Jacksonian epilepsy. The convulsions began in the left hand and extended to the face and left leg, and were followed by paralysis of the left hand. He never lost consciousness throughout their continuance. These symptoms caused all interested in the case considerable concern. The advisability of another trephining was seriously considered, but, inasmuch as the patient seemed to be doing well in all other particulars, operation was dismissed for the time. These convulsions gradually became more limited, and after three or four days disappeared entirely.

There still remained a recurrence of the drowsiness to worry us. The condition of the wound did not permit us to entertain any possibility of a recurrent hæmorrhage. Inasmuch as this symptom had regularly recurred on alternate days, I advised the administration of quinine. From this time on the progress to recovery was uninterrupted. The patient reported to me at my office on May 3, 1903, and again on September 8th, as entirely well.

Looking back over the completed case, we have to consider the finding of hæmorrhage when pus was expected. Certainly, the lesion as found was not such as the symptoms suggested. As we study the phenomena of the case, we are forced to the view that the injury produced a meningitis, chronic in character, leading to adhesions in the frontal region, and ultimately a hæmorrhagic extravasation, which was fortunately limited. Whether the Jacksonian epilepsy was explainable on the same ground is hard to say. Personally, I believe that it was dependent upon irritation of the motor cortex by escape of the irrigating fluid at the time of dressing the wound.

## THE HAND IN THE DIAGNOSIS OF DISEASE.

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IN presenting a paper to you this evening, I have purposely avoided the realm of therapeutics and confined myself to symptomatology, thinking that there we could reap the most mutual benefit.

The hand offers us considerable data in the study of diseases, and we shall have to sacrifice, perhaps, continuity of thought and expression in order to bring within a limited time all the essential symptoms. The temperature, color, form, sensations, skin lesions, and the condition of the nails shall, in their order, receive consideration.

*Temperature.*—In all fevers there is a manifestation of a rise in the temperature as there is on the surface in general. Difference in temperature, as one hand hot and the other hand cold, is found in cases of lead-poisoning and, in rare cases, of subclavian aneurism. The red and hot, but dry hand, suggests strongly diabetes, while the hot and moist hand, at the same time emaciated, is found in hectic states, as tuberculosis. In all inflammatory conditions of the hand there is an increase in the temperature, especially when there is the formation of pus. In rheumatic subjects we find the heat confined to the coverings of the joints.

A much complained-of symptom is "cold hand." We usually find this condition in poor circulation or in anæmia. In all conditions of asthenia and collapse its presence is marked. The cold, clammy hand is, at times, our first aid in the diagnosis of sexual neurasthenia; it is also found in hysteria and toxic conditions arising from alcohol and tobacco.

*Color of the Hand.*—This gives us an idea as to the patient's occupation and habits. The pale, white hand usually shows a deficient circulation or an enfeebled blood-condition, such as is incident to the use of drugs, as arsenic, lead, mercury and morphia. Many times this condition has been so marked as to make one suggest, in the questioning of a patient, "Do you



use arsenic or morphia?" The next most frequent condition is, perhaps, the cachectic hue incident to malignant disease; but this should not be confounded with the peculiar whitish appearance of a late interstitial nephritis, for the hands partake in the general anæmic appearance of the body in general. In jaundice, the color present is usually a brownish. The red hand suggests a cellulitis or inflammatory conditions in general. An intense red hand following the application of cold or wet may suggest some kidney lesion. A bluish-white discoloration is attendant upon some forms of cardiac disease or pulmonary obstruction, and is also found in that disturbance of the vaso-motor system known as "local asphyxia," or Raynaud's disease. In the coma of diabetes we have the development of yellowish spots, and in the uræmic coma purplish spots make their appearance. Ecchymoses and purplish spots are also found in hæmophillicia and purpura hæmorrhagica.

A narrow band of reddish discoloration, situated at the base of the nail, is a strong evidence of gout. The habit of excessive cigarette-smoking is very often bespoken by the stain between the first and second fingers of the right hand.

*Sensations.*—The sensation most frequently complained of is "numbness and tingling." It occurs in the course of toxic conditions, as gout, rheumatism, alcohol, or the irritants to the nerves affected. It is most frequently found in multiple neuritis, and where the secretion of urea is low it is particularly pronounced.

Itching and burning of the hands is suggestive of diabetes or Bright's disease.

Itching as a symptom is found in skin lesions, particularly the parasitic; also in urticaria, dermatitis, eczema, lichen rubra planus. Various forms of paræsthesiæ are found, but these are usually associated with hysteria.

*Form of the Hand.*—Swelling of the hand takes place where the circulation is impeded. As a unilateral symptom indicates a unilateral cause, we would expect a unilateral œdema of the hand to be caused by a unilateral lesion, as a neuritis. A bilateral œdema suggests a bilateral lesion, hence a generally operating cause, as alcoholism or diseases of the kidney. Swelling of the hands with clubbing of the fingers we have, for a long time, associated with mitral heart disease.

A similar condition is observed in tuberculosis, but we have to distinguish the appearance of the nails, which are curved, prominent in the centre and depressed at the sides, of a bluish-white color, and with heavy, longitudinal ridges. Some have compared it to a hazel-nut in appearance.

The emaciated hand, with prominent bones and the tendons appearing as though each was dissected out and was made prominent, with atrophy of the interosseous muscles, is a beginning symptom of progressive muscular atrophy. Following the atrophy there is a marked contraction and distortion of the hand.

Acromegaly has its own peculiar shape, which is apparent at first sight. The carpal and metacarpal bones are enlarged in thickness, but not in length. The soft parts are also somewhat enlarged. These changes are always symmetrical.

Rheumatic and gouty changes confine themselves to the small joints. A chronic form of joint disease is observed, known as "arthritis deformans." With the enlarging end of the long bones there is an atrophy of the soft structures and an ankylosis of the joints. Later the muscles contract, increasing the deformity. Pain is also observed in a moderate degree.

Heberden's nodes occur in the smaller joints of the hands and fingers, at times painful, but the disease does not extend to any other part of the body.

The form of the hand in the mentally deficient is characteristic, occurring as clubbed-fingers, supernumerary fingers, fusion of the fingers, missing fingers, an extreme shortness of the fingers, or a generally large finger. An interesting condition found in the hand is known as Dupuytren's contraction. It consists of a tight band passing from the root of one finger to the wrist, and usually on the ulnar side. It is congenital, and never tendinous. It is due to the contraction of the fascia, and is not dependent upon traumatism.

*Skin-Lesions of the Hand.*—Speaking generally, it may be said that the dorsum of the hand belongs to gout, while the palmar aspect belongs to syphilis.

Perhaps the most frequently met skin lesion is the dermatitis, resulting from soaps and other irritating substances employed in one's work. This consists usually of swelling with

redness and vesiculation. Papular eruption on the hands is of syphilitic origin. This eruption is found in the palms and on the fingers.

Psoriasis is usually found on the extensor surfaces of the hand. Whitlow, or localized infection, is usually of streptococcic origin, and is attended with pain. The so-called painless whitlows are an evidence of syringomyelia.

Lesions of a destructive character are found to be—

Tuberculår (lupus vulgaris).

Chancre.

Epithelioma.

The folds between the fingers are admitted by all to belong to scabies. The lesion is a papular, or crusty, one, associated with an intense itching and the oozing of a sticky fluid.

Syphilitic psoriasis consists of deep-seated cracks and fissures, with scaliness occurring in the palm.

Another interesting condition is known as keratosis pilaris. This consists of discrete papular eruption situated at the base of hairs. It is the result of infection. It is closely simulated by insect-bites. Impetigo contagiosa is found as a pustulocrustous lesion, and is peculiarly a children's disease.

*Nails.*—The nail is said to be the window of the circulation. Through it we may get an idea of the activity of the circulation and the condition of the blood.

Changes in the color of the nail at times gives us an idea as to the general disease. The grey color in the chill of malaria is apparent at first sight. It is caused by the presence of melanin and the reduction of the hæmoglobin, due to the fission of the plasmodium.

Pale nail is found in all hectic states and in serious internal disease.

White nail in convalescence and anæmia, yellowish in jaundice, purple in cyanosis.

The brittle nail is found in many conditions, notably diabetes and gout. The nail breaks easily and the end is seen to be splintered and thickened. The cause is said to be due to a multiple neuritis.

The nail indicating tuberculosis and cardiac affections has been mentioned in connection with clubbing of the fingers.

Transverse furrows of the nails are found in typhoid, septicæmia, peritonitis and eye diseases.



As to nail growth, it is replaced, according to the age, in from 126 days to 1444 days.

The growth of the nail offers us a differentiating point between a central lesion and hysteria. In, for instance, a paralysis of an extremity, that caused by a central lesion has the nail impaired in its growth, while that of hysteria has the nail growing normally.

*A Few Thoughts Concerning Syphilis of the Hand.*—Chancre appears at the end of the finger or at the site of a hang-nail on the side.

Mucous patches are seen under the free border of the nail. They occur as little ulcerations, from which a foul-smelling discharge is constantly oozing.

Probably the next in development is onychia, or inflammation in the end of the finger. It begins as a cellulitis under the nail. The nail is thrown off and an ulcer takes its place. The skin is reddened and the finger is swollen. The nail may not be disturbed, but it is liable to undergo thickening.

The tertiary lesion or gummatous is more severe and may result in necrosis of the bone.

*Dactylitis*—Gumma.—A deposit in the first phalynx, which may be subcutaneous or confined to the bone.

The affected phalynx assumes a globular shape. As a result of the absorption the shaft of the bone becomes shortened or altered in shape. False joints appear between the ends of the diseased bone. There is a remarkable absence of pain.

I have endeavored to present to you in this short space the outlines of diagnosis of diseases, taking the symptomatology from the hand, and if I have pointed out the importance of the hand in diagnosis I shall feel well paid for the gathering together of the above data.

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QUININE SULPHATE, ADMINISTRATION TO INFANTS.—Dr. Borde advises that the quinine be rubbed up in a mortar with about eight times its weight of olive oil, and that this mixture be then added to a little cold milk in a spoon. If a swallow of water or other liquid follow the administration of the dose, there is no after-taste whatever, and the medicine may be repeated as required without exciting revolt, either from the stomach or from the child.—*L'Art Medical.*

TREATMENT OF TUBERCULOSIS IN SANATORIA AS COMPARED WITH  
PRIVATE PRACTICE.

BY JOHN EDWARD WHITE, M.D., NORDRACH RANCH, COLORADO SPRINGS, COLO.

THE modern treatment of tuberculosis is rapidly shaping itself along lines requiring less medicine and more personal attention. In the first flush of the early days of the germ theory it seemed that some form of antiseptic medication would speedily cure the malady. Many mechanical devices and all sorts of formulæ have been presented to the profession only to be speedily cast aside as valueless. The difficulty has been shown to lie in the fact that affected pulmonary areas have ceased to become active respiratory tracts, so that it is not possible to reach the tubercles by any medicament introduced by respiration or through the circulation.

Moreover, the tubercle bacillus is one of the most tenacious of micro-organisms, and nothing but the direct application of sunlight or some active germicide can be depended upon to destroy it.

The gradual revelation of these more or less unwelcome facts has developed the principle of cure by rest and fresh air, medicines being resorted to only to assist debilitated portions of the system or cure minor attendant affections. Out of this has come the growth of sanatoria, beginning first with the semi-official, semi-charitable institutions of Germany, there have now developed in several eastern communities of this country State or municipal sanatoria for the tubercular poor. These are almost wholly charitable in their work. There are probably not more than half a dozen sanatoria in the country where those able to pay for satisfactory accommodations may find them.

In the new treatment rest and fresh air are primary factors. For some reason not yet fully explained, the treatment meets with better results in regions of considerable elevation. The superiority of altitudes seems to rest not on any one feature, but in a combination of light air, greater tonicity of the air,

extra dryness and probably some subtle, electric or magnetic condition, perhaps due to the usual proximity of huge mountain bulks,—as well as to the small proportion of oxygen which compels greater lung activity.

Theoretically, it would appear that rest and fresh air could be secured in private practice. So they could if rest and fresh air always meant the same thing to various people. In a sanatorium rest means absolute inactivity, and fresh air means outdoor life morning, noon and night, hot or cold, fair or foul. In private practice the physician must of necessity leave the execution of the details of treatment to the patient and his family. My own experience in both fields has shown me the absolute impossibility of securing any appreciable results when dependent upon the ideas of the patient and his family as to what is required.

The treatment of tuberculosis is nothing but a prolonged fight between the constitution of the patient and the activity of the tubercular germ. If the vitality can be maintained at a continual high pitch, the germs must ultimately be conquered and the patient will recover.

It has been shown that, while in private practice only about 30 per cent. recover, in sanatoria over 60 per cent. are restored to health. New methods are developing a new treatment remarkably like that given certain extended nervous disorders, whether it be ultimately shown that tuberculosis be of neurotic origin or not.

It is not possible to make any advance in the treatment until the febrile condition of the patient has been eliminated or brought to a maximum of less than 100°.

In private practice it is often difficult to determine the amount of fever, owing to the fact that the fever does not manifest itself except during such periods of the day as make observation impracticable or impossible.

In the home it is hard to control the many little things that conduce to an elevation of the temperature. Many patients in the sanatorium are found to have an increased temperature during, and for some hours after, a game of cards or billiards, and some have to be sent from the parlors during the playing of musical instruments. An exciting story or heated argument may produce a lasting effect for several days. Any



family disagreement, or any unexpected or exciting event, may undo the effects of days of improvement. All this sort of disturbance is entirely beyond the control of the physician, and it is much more important than it sounds. If these little things are dangerous what must be the effect of a patient with a temperature of  $102^{\circ}$  or  $103^{\circ}$ , playing tennis, riding, driving, dancing, doing the hundred things of the sort that suggest themselves in the course of everyday life. In the sanatorium all these disturbing elements are either eliminated or under the complete control of physicians and nurses. So long as the patient has any tendency to marked pyrexia his every act must be the subject of careful consideration, or the febrile condition will continue and advance to a complete debilitation of the important functions. No work, no play and, above all, no worry, either about money matters or any other phase of existence, practically double the patient's chances of recovery.

In all fevers there is a rapid and continual waste of the tissues which must be met by satisfactory assimilation of proper foods in increased quantity. In private practice the physician is helpless in these matters. The taste of neither the patient nor his family can be relied upon. Strength must be gained at any cost. Therefore, the appetite must be stimulated, and the stomach strengthened by tonics, in order that the extra demands may be met.

The ordinary foods usually served are not sufficient. There must be a superabundance of meats, beef, mutton and veal, seldom fowl, and never pork. Vegetables only serve to clog an appetite, none too good at the best, and, while they are not harmful, are best eliminated from the diet. Desserts, except those highly farinaceous, have the same objection. About six raw eggs per day in addition are needed, as well as from one to two quarts of fresh or buttermilk. In many cases of prolonged malnutrition, three to four ounces of freshly expressed beef-juice (equal to about one pound of beef) must be given. It would be very hard for the physician to induce a diet of this sort, and next to impossible for him to control it, and quite out of his power to enforce it, even if it were possible to establish so extended a *régimé* in the midst of the ordinary household routine. In the sanatorium all this is the regular course of events. At this period of enforced diet the stomach re-

quires constant watchfulness on the part of the physician, and this he cannot give except in the sanatorium.

This process of excessive feeding must be persisted in until the temperature falls and the patient has gained ten to fifteen pounds. But the gain will not come, nor the temperature fall, unless the rest conditions above outlined are fulfilled. *Nux 1x* is invaluable in maintaining an appetite. Doses of five drops before eating correct the indigestion, otherwise likely to follow a hearty meal.

The third essential in tuberculosis treatment is fresh air. The patient should sit or lie outdoors all day, wrapped in blankets if it be cold weather. Not one hour, nor two, but the entire day must be spent in the open air. Cold air is extremely efficient in reducing pyrexia and is never to be feared. Damp air is not harmful either. Night air is in most localities freer from impurity than that of the day and should be sought, rather than avoided. Yet what physician can overcome local or family prejudice in these matters? Even in sanatoria I have found it frequently necessary to reason with a patient for a month before overcoming some fear or prejudice he had formed. The question of fresh air, while asleep, I have finally been obliged to solve by compelling patients to sleep in automatically ventilated tents. Persistence in fresh air materially reduces fever and shortly brings about a cessation of the debilitating night-sweats so commonly attendant. For these latter, *atropia 6x* is sometimes advisable in persistent sweating.

In many cases diarrhœa, the bugbear of every specialist in tuberculosis, makes its appearance. When it has advanced to a chronic condition it is impossible of cure, for tubercular ulceration of the bowel has then been established and the patient must soon die, even if the respiratory tract is not markedly affected. This bowel condition is the most obdurate of all tubercular affections and, in addition to preventing food assimilation, almost always perforation results. It has been agreed that not over 5 per cent. of the patients so affected recover, and it may be doubted even if any recover. Tuberculosis of the bowel is always preceded by a catarrhal condition of increasing extent. If taken in this early stage a cure is readily effected. It is here the private practitioner is at a disadvantage. Patients may have three or four bowel movements per day and

yet not regard it as diarrhœa, and so fail to furnish the needed information to the physician. In the sanatoria such a condition is speedily detected and corrected before serious harm results. Merc. corr. 3x, as well as other homœopathic remedies, may be used as conditions suggest. Iodomuth, while not a homœopathic remedy, I have found remarkably efficient.

As a specific, tuberculin is the only remedy that can lay claim to being effective. We all recognize it as a valuable diagnostic. Its remedial properties have been in dispute for ten years. In the earlier practice of its use the solutions employed were so strong that general tuberculosis was frequently produced by it. It is a remedy of tremendous power. The old school have gradually been compelled to reduce it to a homœopathic dilution, even including its discoverer, Koch.

It must never be administered when the temperature is above 100.4°. Here, again, the private practitioner is at a disadvantage, owing to the difficulty of making proper temperature observations and records. After five years' use of tuberculin, hypodermically, I concluded the technique too complicated and the effect too pronounced. Since then, with better results, I have resorted to its internal use prepared in the following manner: Tuberculin is an albuminoid and an alcoholic solution cannot be obtained. The ordinary pharmaceutical preparations are, therefore, in my estimation, valueless. I therefore make a solution in distilled water, carried usually to 30x, rarely lower. Of this solution I take 20 c.c. and incorporate it with 80 grams of sac. lac. This is a mixture the consistency of thick cream. I allow this to stand in the mortar for several days, triturated at frequent intervals and protected from dust, until the mass becomes dry and a perfect powder. It is then put in five-grain capsules to farther protect it from the atmosphere. One capsule and no more at bedtime is the dose,—after the febrile condition has become suitable for its administration.

In addition the life at a sanatorium possesses certain psychic characteristics not obtainable in private practice. The cheerful surroundings and agreeable companionships have much to do with establishing a healthy mental tone. The continual presence of nurses and physicians contributes to a growing confidence which does much toward establishing a cure.



While few patients remain in a sanatorium long enough to effect a cure, owing to the restless state in which they continually are, they do undergo a process of education which enables them to care for themselves better when in charge of a general practitioner. Of this phase the most important feature is the care of the sputum. If patients are early instructed not to swallow the sputum, tubercular bowel conditions rarely, if ever, result. I believe the so-called "cross-overs," from one lung to the other, result from reinfection as a result of expectorating into cloths.

Patients cannot be relieved of their bacilli while constantly inhaling their own dried expectorations. Expectorations made into cloths are also a source of danger to others who may come in contact with them. To his fellow-man every consumptive owes a positive duty, to avoid placing his sputum in such places that infection might result. In my own practice I have found the only satisfactory disposal of the sputum to be in the use of the Seabury & Johnson sputum cups. In the home, regulations concerning this matter are extremely difficult to enforce, while in sanatoria they become ironclad rules.

In almost every case recovery depends largely on the common sense of the patient. Without that the end is easily foretold. Yet in ordinary surroundings the petting and coddling, due to anxiety of relatives, and the foolish advice of friends, often overcome the patient's natural good sense.

In an institution the patient's common sense is not hampered, but helped, and when he has it not, the hard and fast *régimé* of a sanatorium goes far towards supplying the deficiency.

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TO PREVENT PITTING IN SMALLPOX.—Prof. G. Carrière, of Lille, France, in cases of smallpox, advises the use of a mixture of equal parts of 90 per cent. alcohol and carbolic acid. As soon as the maculo-papule appears, it is touched on its tip with this mixture by means of a fine camel's-hair brush, care being taken not to touch the surrounding skin. It is then allowed to dry. By the following day the papule will have dried up, shrunken, and be a reddish-brown in color. A single application is sufficient to produce a veritable mummification of the dermis, so that none of the papules thus treated will undergo pustulation. Desquamation will take place in about eight days, without scarring. If used later, during pustulation, scarring is more or less inevitable on account of lesions of the dermis.—*La Semaine Médicale*, No. 20, 1903.

## THE MUCH ABUSED NOSE.

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(Read before the Germantown Homœopathic Medical Society, June 15, 1903.)

THERE is such a thing as too much specialism among specialists; it is equally true that the general practitioner frequently treats disease without recognizing the presence of conditions which demand the attention of one duly qualified to cope with them.

That this is true is probably due to the fact that medical science has made such rapid strides and become so broad that each special branch becomes a study in itself, and, therefore, it is impossible for the student, during a limited college course, to become proficient in every subject.

Diseases of the nose furnish an excellent illustration, and this organ receives greater abuse from improper and, very often, unwise treatment than any other part of the anatomy.

To successfully treat these diseases one must have a thorough knowledge of the anatomy of the region and the ability to make an accurate diagnosis; it is a lamentable fact, however, that a large number of physicians are unable to recognize what they see when peering into the nose.

A brief review of the structure and functions of the nasal organ will not only refresh our memories, but enable us to account for many evil results arising from improper treatment.

Without entering into the minutiae of the construction of the nose, it may be described as two irregularly shaped cavities, communicating with the atmosphere through the anterior nares, and opening into the pharynx posteriorly through the posterior nares. These cavities are separated by the septum, the surfaces of which form their inner walls.

On the outer walls are projected, longitudinally, three irregularly scrolled-shaped bodies, called the turbinateds,—designated as the superior, middle and inferior,—which enter into the formation of the three meatuses.

Their surfaces are covered with mucous membranes, which by extension through small apertures also line the inner walls of the various sinuses and which vary in color, thickness and character, according to the functions to be performed in the different regions. In the upper or olfactory portion, the epithelial cells are columnar shaped, the respiratory surfaces and the sinuses are protected with ciliated columnar epithelium, while the pavement or scaly variety will be found just within the anterior nares, which also contains a number of hairs, called the vibrissæ.

This brief description enables us to comprehend how and why nature designed that air should enter the body through the nostrils to undergo preparation before reaching the deeper structures.

The nose filters the inspired air and reduces the entrance of dust and other foreign materials into the lungs to a minimum, the vibrissæ catch the larger particles, while the smaller ones adhere to the moist surfaces of the mucous membranes. If this accumulation be large enough, or the atmosphere be charged with obnoxious or irritating gases, a reflex action is produced, which results in sneezing.

Our lives are safe-guarded to a great extent by the detection of poisonous gases through the sense of smell.

Two other important functions performed by this organ are the moistening and warming of air.

The projecting turbinateds not only narrow the lumen of the nasal fossæ, but also permit of a much greater expanse of mucous membrane, which is abundantly supplied with lymphatics and glands capable of secreting a copious supply of mucus; in addition to this, the submucous tissues contain lymph spaces which contribute their share of moisture.

The inspired air is thus not only moistened by the wet membranes, but has its temperature elevated by passing over their extensive surfaces, aided by the resistance offered by the narrowed air-chambers.

Changes in the structure of these sensitive nasal tissues, whether brought about by disease, unwise manipulation or any other cause, interfere with their normal functions, and may even suppress them.

The family physician, because of his intimate knowledge of



his patient's habits, temperament and physical condition, should be able to master some disorders of the nose as well, if not better, than the specialist, but in this latitude, where catarrhal conditions prevail, he is too prone to overlook the fact that their existence may be due to an abnormal condition of some other part of the body, or be the sequence of some disease, and he is therefore apt to take for granted that a cold was the primary cause.

A patient consults his medical advisor in reference to an annoying discharge from the nose; he is immediately seated in a chair close to a compressed-air apparatus to have his nasal cavity sprayed—which the doctor does, apparently, with a great deal of skill, without making any examination whatever. At the conclusion of the operation (?), the patient is requested to return at a given time, which he readily does, because the treatment he received from that “nickel-plated air-reservoir” so thoroughly impressed him, that he is satisfied he has received his money's worth.

This illustration is cited from statements made by patients in both hospital and private practice, who have seemed much astonished when required to undergo an examination, and have remarked that no effort had ever been previously made to ascertain the true condition of their nasal affection.

Such a method of treatment must be condemned, because it is unscientific and apt to be productive of serious results.

Referring to the use of compressed air and atomizers, there has recently been considerable discussion as to their value in relieving diseases of the nose and throat; but granting the fact that each side of the controversy has ardent supporters, it must be admitted that their use is dangerous except in skilled hands.

Many have the erroneous impression that high pressure is required to force vapor through the air-passages. When excessive force is used the mucous membranes are torn, and during the reaction, which shortly follows, all the tissues become swollen; if this swelling is sufficient to bring the raw surfaces together, adhesions form between the septum and the turbinateds, a most undesirable result, and the last state of the patient is therefore much worse than the first.

Even if the swelling is not great enough for the develop-

ment of synechiæ, the ciliæ of the epithelium are destroyed, and the mucous glands damaged to such an extent that the functions of warming and moistening are interfered with, and the nose is shorn of one of its methods of ridding itself of foreign matter.

Again, vapor introduced into the nostrils, under high pressure, is often forced through the Eustachian tubes into the middle ear, which may be productive of either a violent otalgia or an otitis media, or possibly rupture of the tympanum, and even meningitis. Undoubtedly, many cases of tinnitus aurium have their origin in the improper use of compressed air.

Another forcible argument against the use of sprays, with excessive pressure, is, that the medicament escapes the nooks and corners of the nasal chambers, because the direction of the current is, by virtue of the force behind it, in straight lines.

Those who favor the applicator in giving local treatments should not forget that equally serious results may ensue by its injudicious use. The tendency is to apply too much force, as well as to cover the tip with too large a pledget of cotton. If every physician would experiment on his own nose with an applicator he would be very apt, from personal experience, to use extreme care when applying the same treatment to his patients.

These remarks are not intended to deprecate the use of compressed air and sprays except in the hands of those physicians who attempt to relieve abnormal conditions of the nose, without possessing an adequate knowledge of the same.

Local applications should never be resorted to until the wisdom of such a form of treatment has been established after locating the cause.

A complete history of the case should always be obtained, followed by a thorough inspection of the nose, pharynx and larynx. The appearance of the parts not infrequently leads to the detection of an abnormal condition in some remote part of the body, which, if cured, would cause the nasal disturbance to disappear.

The turbinated bodies, because of the erectile nature of their tissues, often become enormously enlarged. The cause of this fulness may be due to constipation, nervous disorders, particularly shock and worryment, disturbances of the liver,

uterine diseases and other affections. Under any of these circumstances, to tamper with the turbinateds, by applying caustics and other preparations, is a species of malpractice, because it needlessly irritates them and causes tissue changes, likely to terminate in hypertrophy. The course to be pursued in such cases is self-evident.

The so-called catarrh, or cold in the head, however, is the disorder with which the physician most frequently comes in contact, and here is where he gets in his work with the compressed-air apparatus.

Catarrh is defined as an increased or excessive secretion from inflamed or congested mucous membranes, but the term is generally applied to discharges from the upper air-passages resulting from a cold.

It cannot be denied that a large number of cases of rhinitis, whether acute or chronic, originate with a cold, neither can it be disputed that an equal, if not greater, number have their inception either as a complication or a sequence to some other disease.

How many of us pause to consider the significance of the nasal discharge?

It is a well-known fact that a cold usually attacks the weakest part of the body, and we learn from experience that the upper air-passages, particularly the nose, have to bear the brunt of the burden. The mucous and submucous tissues become engorged with blood and greatly swollen, and the glands secrete an enormous quantity of mucus, which finds its way through the nares. If this discharge be acrid, the *alæ nasi* become excoriated, and this condition, in conjunction with lachrymation, forms the picture of an acute coryza, a very familiar scene. As a result of this hyperæmic condition, there is a rapid exfoliation of epithelial cells which, with other *débris*, mix with the mucus, and the discharge gradually becomes thicker and assumes a yellow or greenish color. When, from any cause, this hyperæmia of the tissues remains constant, or is of frequent occurrence, leucocytes escape into the tissues, which, with increased cell proliferation, cause plastic changes to develop, the result of which is hypertrophy.

These pathologic changes often invade the sinuses by extension, and, unless recognized, lead eventually to serious results.



It must not be forgotten that cold is not the only primary cause of these progressive changes; the same may be attained by retention of foreign bodies, the constant inhalation of dust, and irritating gases and vapors occasioned by the various trades, by traumatism, tumors, deflected septums, polypi, and reflexly from many diseases, particularly those previously mentioned as being the cause of full turbinateds.

It should also be borne in mind that catarrhal conditions are aggravated by overeating, and particularly if not followed by sufficient out-door exercise.

How unwise, then, it is to prescribe any form of treatment until a thorough examination has been made.

Do not resort to your air-gun or applicator before you look for the cause and source of the discharge; ascertain its character, odor, color and periods of aggravation and amelioration, carefully inspect the nasal cavities, not only to determine the condition of the tissues, but also to discover the presence of polypi or other foreign bodies and the amount of air space, and remember that an enlarged turbinated is not necessarily hypertrophied, the latter not contracting under the influence of cocaine.

By strict adherence to such a system of examination, the physician will be enabled to correctly diagnose the case and outline a course of treatment, in which success will be the reward.

As much time would be required to thoroughly consider this subject, these few crumbs are offered as food for thought and discussion.

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THE EYELIDS IN THE GORE CASE.—The cable reported the death of Ellen Gore, in Paris, from a bullet wound in the eye, and the arrest of the man who was alone with her at the time. The man was released on the sole ground that the lids and lashes of the eye penetrated by the bullet were intact. The medical experts, Socquet and Brouardel, testified that there was every probability that the injury was due to an accident, as the victim of an attempt to murder would naturally close the eyelids, or at least they would flutter more or less. The fact that they were intact in this case, they said, indicated that the victim was tranquil at the moment the ball struck her.—*Annals of Ophthalm.*

## SOME SUGGESTIONS REGARDING THE TREATMENT OF SKIN AFFECTIONS.

BY W. W. KNOWLTON, M.D., PHILADELPHIA.

(Read before the Philadelphia County Homœopathic Medical Society.)

THE guiding principles in the treatment of diseases of the skin differ in no respect from those which govern in the management of maladies of other organs. A correct diagnosis being very essential in order to successfully treat this class of diseases.

A proper diagnosis in its relation to therapeutics does not consist, however, in merely naming the disease, but it also includes an appreciation of the etiologic and pathologic factors in the case. Thus founded, treatment will be most promising as to results.

The first question a physician, especially a homœopath, does or should ask himself, when a patient presents himself for the treatment of a skin disease, is whether a speedy and permanent cure can best be accomplished by the administration of an internal remedy, by local treatment or by the joint action of the internal remedy and the local measures.

My experience has been that all of the parasitic diseases, whether they be due to animal or to vegetable parasites, are cured by local treatment alone, just as quickly as by the combining of local and internal treatment, and very much more quickly than by internal measures alone.

I consider it the height of absurdity to give *sepia* for ring-worm of the scalp, or *viola tricolor* for pediculosis capitis. No man will say that *sepia* in its provings ever produced a vegetable fungus, nor has *viola* ever produced a louse. Some may say that while these and other remedies have never produced parasites, yet if administered will make the soil so healthy that parasites can no longer exist. This theory, while very pretty, has not, according to my experience, been borne out by facts. I can cite numerous instances where the indicated remedy has been employed in *tinea versicolor* for a year or more without any other result than that the disease continued to spread.

These same cases that had been under treatment for one and two years were completely cured in one or two weeks by local treatment alone.

In regard to purely internal treatment, I find that very few diseases respond in a reasonable time to the indicated remedy. There are a few diseases in which the well-selected remedy is all that is required to accomplish the desired result. Among these diseases I might mention syphilis, purpura hæmorrhagica, erythema multiformæ and erythema nodosum.

A joint action of the internal remedy and the local treatment is, I think, in the majority of dermatoses, the only way to obtain quick results.

As I have been limited as to time, I will simply give you a few of the remedies and local applications which I have found to be the most serviceable.

In selecting a local application I always make it a point to treat the condition present, without regard to the name of the disease.

When there is an acute eruption, whether it be a dermatitis, an eczema or what not, I use a soothing application. On the other hand, if the eruption has passed the acute stage and infiltration and thickening of the skin has taken place, I use a more or less stimulating application.

I will now mention a few formulæ and their indications. The first and the one that I use most frequently, both in dispensary and private practice, is what is known as the calamine ointment. The formula is as follows: Pulv. calamine, grs. xx; pulv. zinc oxide, grs. xxx; spts. camphor, gtts. x; ungt. aquæ rosæ, ʒj. M. This salve when properly made is a delicate pink color, and is useful in any of the acute and subacute eruptions. If a large surface is involved, I generally substitute the ointment for a calamine lotion which is made as follows: R̄. Pulv. calaminæ, pulv. zinci oxidi, āā ʒss; glycerinæ, fʒss; spts. camphor, gtts. xxx; and aquæ rosæ, ʒiv. M.

Another soothing ointment, and one of which I think a great deal in the treatment of eczemas in infants, is: R̄. Bismuth subgallate, ʒj; spts. camphor, gtts. x; lucilline, ʒj. M.

Another preparation which I frequently prescribe for eczemas in infants, particularly for those cases in which we find thick crusts on scalp and face, is: R̄. Acidi salicylici, grs. v; olei olivæ, ʒj. M.



For the erythematous eczema of the face, boric acid, either in lotion or ointment, is almost a specific.

Resorcin in the strength of about xx grs. to the  $\mathfrak{z}$  of the base is particularly indicated in the seborrhœic forms of eczema.

Salicylic acid in the strength of from x-xxx grs. to the  $\mathfrak{z}$ j is invaluable in the old chronic forms of eczema where we have a thickening of the skin, loss of elasticity and cracking. Whenever I see an old eczema on the hands in which there are deep fissures, I always think first of salicylic acid.

For all of the pustule dermatoses, with the possible exception of sycoses nonparasitica, ammoniated mercury, grs. xx- $\mathfrak{z}$ j, is by far the best local remedy.

One suggestion in regard to the local treatment of most of the parasitic diseases, and especially those due to vegetable parasites, one wants a base for the ointment that is penetrating. According to my experience, lucilline is the most penetrating of all the preparations that I have tried, and you will find that sulph. præc.,  $\mathfrak{z}$ i- $\mathfrak{z}$ ij to the  $\mathfrak{z}$  of lucilline, will be a good all-around application for the parasitic diseases.

The internal treatment of skin diseases differs in no respect from the treatment of any other class of diseases, except, I think, it is a little harder to select the indicated remedy. In many cases, notably psoriasis, there are no subjective symptoms upon which one can base a prescription. We have the eruption before us, and that is all the only guide.

In considering the different remedies applicable to diseases of the skin, I shall do as suggested to me by Dr. Haines, when he asked me to write this paper, give you a few of my personal experiences.

The first remedy I shall consider is arsenic. Arsenic is probably the most used and most abused remedy in the materia medica. I think it is more abused by the old school than by us. Nine out of ten old school physicians prescribe it as a routine remedy for skin diseases.

Duhring, in speaking of arsenic, says that "The indiscriminate employment of the drug is to be deplored. To use it in diseases affecting the skin, solely because the skin is diseased, without reference to the nature of the affection, to the stage of the process, or to the patient, as is so frequently done, is to be deprecated."

Prescribed according to the law of similars, I find arsenic one of our most valuable remedies. I have seen most excellent results in cases of erythematous eczema of the face, where the skin was inflamed, more or less thickened, dry, and scalp with some itching and considerable burning.

In looking over an old school medical journal some time ago, several cases were mentioned where arsenic when given for a long time caused a very marked thickening of the epidermis of the palms and soles. Since that time I have had several cases of eczema of the palms to treat, where there was a thickening of the epidermis, and arsenic, along with a local application, gave prompt results.

Arsenic is also of value in herpes zoster when there is much burning along the course of the affected nerve. I have also found it of service in psoriasis; but, as a rule, I have found the iodide of arsenic of more value.

As some of you may have, and all of you will have, cases of psoriasis to treat, I will give my experience with two remedies for this disease, which in my hands have proven very effective.

Two or three years ago I read in an old school journal an article, I think it was on the treatment of epilepsy. At any rate, borax was used in material doses over an extended period, and in several cases an eruption appeared which was described as being a psoriasis. The psoriasis disappeared when the borax was discontinued, and reappeared when the drug was again resorted to. I immediately thought that I had a specific for the disease, but soon learned that while borax was not a specific, it was a very valuable remedy. I prescribe it when there are no subjective symptoms, nothing but the eruption.

Potassium iodide has done more positive work for me in the treatment of psoriasis than any other remedy. I find that it is called for in the old chronic cases which have reached the stationary stage, that is, few or no new patches are making their appearance. I give the drug in from 1- to 5-grain doses three times a day. I have seen quick and permanent cures from this drug.

In the symptomatology of iris versicolor the following provings are recorded: Pustular eruption on scalp, face and around the mouth. Guided by these symptoms, I have frequently em-

ployed the remedy in impetigo contagiosa, especially when it is associated with pediculoses capites.

Iris is also an excellent remedy for herpes zoster when the right side of the body is affected.

Dulcamara is a remedy that has proven its worth more than once. I use it most in those diseases, especially erythema multiformæ, which occur in the spring and fall when there are sudden changes in the weather, and it is damp.

A study of the pathogenesis of mezerum will give you a list of symptoms which are frequently applicable in diseases of the skin. I find it most frequently indicated in some one of the numerous varieties of eczema.

Rhus tox is another valuable remedy in dermatological practice. It is especially useful in the acute vesicular eczema; in anticaria when it is the result of getting wet; in herpes zoster where there is incessant itching, and in pemphigus and a number of other diseases.

Iodine and bromine are two remedies that I often employ in the treatment of acne. I use iodine in the dark complexioned, and bromine in blondes. I use one of these remedies, as a rule, when I have no constitutional symptoms upon which I can base a prescription. Nux vomica, pulsatilla and sepia, I find, are also frequently called for in this disease.

Last, but not least, is sulphur. The symptomatology of sulphur, so far as skin diseases are concerned, seems to make the remedy useful in a great many dermatoses. Given a typical sulphur patient, which I think you all recognize at a glance, and no matter what the disease may be, sulphur will cure your case. In prescribing sulphur I always remember what one of my teachers told me when in college. When you do not know what to prescribe, give sulphur, and, so far as skin diseases are concerned, I think it good advice.

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**RUTA GRAVEOLENS.**—A woman complained that for a long time she had suffered from marked contractions or cramps in those muscles which flex the toes, so that, while walking, her toes would be drawn downward towards the sole of the foot, with much pain and an inability to go on. These tonic contractions or cramps did not yield to shoes made expressly for her feet, nor to the remedies suggested by her medical attendant. After much unsatisfactory treatment, she was given the 200th dilution of ruta. She was cured. Both feet were affected.



## HETEROPLASTY AS AN AUXILIARY IN HERNIOTOMY.

BY O. S. RITCH, M.D., BROOKLYN, N. Y.

(Read before the New York County Homœopathic Medical Society, April, 1903.)

*Mr. President:* I offer for your consideration a short exposition of heteroplasty as an auxiliary measure in herniotomy, because there are extreme cases of umbilical, inguinal and femoral hernias, wherein our very best endeavors meet with failure. Not that a patient is likely to succumb during surgical procedure, or that we may not be successful in securing primary union, or witness our patient leaving the hospital well and cured, but when they return six months to two years later, and we find the original condition existing, and perhaps with a much larger ring, with some of the original anatomical relations obliterated by reason of atrophic changes due to surgical interference, it is then we look for a more promising and permanent method of cure. Heteroplasty has not received the *entrée* into the surgeon's formal and radical circle of his numerous surgical procedures to which, in my judgment, it is justly entitled. With me it was an original idea, wrought out by the exigency of some extreme cases, and, as I scanned through the surgical literature and scrutinized the different works in my possession, I was surprised with fear and trembling by the absolute lack of any testimony bearing upon the subject, and wondered if prominence was suddenly to be thrust upon me, like the young clergyman who thought prominence was attained by getting entirely outside the ordinary. So, soon after having received his first charge and being duly installed, one of his parishioners died and he was called upon to officiate. He thought now was the time to strike for position, and when he arrived at that portion of the service where it is customary to announce that the friends would have an opportunity of reviewing the remains, he said, "The friends would have an opportunity of passing around the bier."

But my hopes were dashed to atoms when I came upon Sultan, of Prussia, who gave a little attention to heteroplasty under the caption of Witzel's operation. This operation, in

my judgment, has no special place in hernia suddenly produced, which may become incarcerated or strangulated, that simply requires a slight division of the constricting ring and the replacing of the tumor. The sac may or may not be opened, according to the judgment and experience of the operator, and the length of time the tumor may have been constricted, happily for the patient awaiting game, is not practical in this age of modern surgical work.

I do not think, at the present time, that it offers any special inducements in operations upon children. It must be discussed by exclusion for adults who lead a very active life, but in men and women who lead a more or less sedentary existence, who have large, pendulous adipose abdomens, in women who have borne children, in cases where there is a large, soft and relapsing ring with a more or less obliteration of the ring formation, in old chronic cases, where a truss is a failure, and in cases that have been subjected to one, two or more operations, it is then paramount, and then, in my judgment, this method comes prominently before us for consideration. I grant that, of the many methods suggested for complete closing and plugging up of a hernial canal, there is fair assumption of permanent cures, but the percentage of relapses are far too great for what appears at first thought to be not a very difficult task. I do not like the word failure in these cases, because those cases I have operated, following some other *confrère*, I am certain have had the benefit of the surgical skill, experience and technique necessary to perform the work according to the accepted methods of the day, and, for what I know, some one has had to do my work over again; but, nevertheless, those who are associated in our large hospitals note and observe with frequency the return of patients who tell us that they were operated once, but now they are as bad as in the beginning. We must not lose sight of the fact that a hernia is the result of a force from behind, steady, continuous and ever pushing forward, which ultimately results in the separation of tissue, allowing the contents of the force to become the protruding tumor or rupture. Once tissue acquires the habit of stretching and separating, much of its tonicity is lost, and though the sac may be ligated high up or stretched and turned upon itself, being imbedded between muscle or aponeurosis, or the ring drawn

down to closure by a purse-string, or a combination of various methods, yet the old tissue is lax and would have probably given away earlier if we had not fortified our work by making the patient wear a truss or supporter for a length of time subsequent to operation. I am inclined and do back up the surgeon and condemn the old relaxed tissue, rather than to criticise the methods advocated.

A very important consideration with us, tending toward primary union and a successful issue, is that the parts must be absolutely clean, which means first of all asepsis; that there must be the most perfect approximation and delicacy in overlapping of tissue when this is desirable; that strong, absorbable sutures must be brought into requisition, and as little irritation to the parts as possible.

Now, how are we going to perform heteroplasty and meet these requirements? I will exhibit a sample of a silver lattice mattress which I use. It is my practice to have them made as the individual case is presented. They are light, quite flexible, will conform quite readily to the movement of the muscles of the part. They can be made sterile; they can be imbedded; they will remain quiet; they will not act as an irritant; they will become thoroughly imbedded or encysted; they will act and make a permanent barrier to the tumor that primary union does not. The patients do not complain of any material inconvenience, especially after they have been up and around for some time. If these assertions are facts, then the requirements are met.

I feel a little guilty in presenting this subject without giving you statistics. It is not many months since I began this work, and I do not think the time long enough to warrant figures, but I do feel justified in presenting the theory at any rate, and there is one fact of which you may be certain. If you imbed a mattress over the aperture, and if it becomes encysted, then intestine or omentum must certainly seek another site of exit, because there is a permanent barrier to its further progress. This mattress can be implanted between muscle or muscular fibres separated in their long axes, which is probably the better mode, if dexterously manipulated. The mattress is secured or anchored at either corner by chromicized catgut sutures passing through the tissue from below, up through an aperture, and out



above and tied. During the process of healing, granulations sprout up and dip down through the various meshes; and if it is to be a success it is firmly fixed and acts as a bulwark to that aperture, at the time of insertion. I have the concavity looking inward. As my subject stated, this procedure is an auxiliary to herniotomy, and can be associated with some of the recognized methods if there is tissue enough at our disposal. The mattress is sterilized in the usual manner. It is then placed in a sterile gauze and subjected to dry sterilization, and no one allowed to handle it but the nurse for this particular duty and the surgeon. It is unnecessary to state that the strictest asepticism is practiced during the entire operation, and after the mattress is anchored a flow of warm saline solution plays upon the part during the rest of the work. The subsequent care of the patient is along the usual recognized lines and is generally uneventful.

I have been unable to learn of but one surgeon in Greater New York, and that in Manhattan, who has had experience along this line, and I would bespeak especially for our hospital surgeons to give this method a trial, if they have not already done so, and then we may be able to compare notes and see if we have not accomplished something which offers permanent relief and success to a most distressing condition, especially in old and aggravated cases.

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#### DID HYOSCYAMUS CURE THOSE CASES OF TOXIC GASTRITIS?

BY R. G. HIGGINS, M.D., BAR HARBOR, MAINE.

THE physician, nearly as often as the laity, ascribe a cure to the last thing given, no matter what the remedy may be. As an illustration, will cite a case of gall-stone colic. A patient treated by the writer had seven attacks of colic in as many days. The diagnosis was confirmed by the recovery of four gall-stones in the stools. During an attack, while inserting the hypodermic needle, the pain ceased. The family naturally thought the relief the result of the morphia. Now, suppose we had given calc. carb., or any other remedy, just previous to that time, we might have heralded it as a great cure. But what

caused the relief? It was neither the hypodermic, hot applications or anything else that had been resorted to. Nature had come to the sufferer's aid and forced the gall-stone into the bowels.

Now, every case of toxic gastritis treated by Dr. Golden with hyos.  $\theta$  received homœopathic remedies previous to its administration. Is it not possible, and even quite probable, the nature or the remedies previously administered brought about the cure? There is such a thing as nature tiding one over a crisis until the force of a poison is spent.

If hyoscyamus was the cure-all in these cases, it is a good example of antipathy, not homœopathy, because due, undoubtedly, to its sedative effect on the nerve-centres. That should not, however, deter one in selecting it in such cases. Use anything good, no matter how it cures; but the question is, Did it bring about these cures?

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## THE NATURE OF ACUTE ARTICULAR RHEUMATISM.

BY JOHN HUTCHINSON, M.D., NEW YORK.

(Read at the meeting of the Homœopathic Medical Society of the State of New York, Lake Placid, September 15, 1903.)

A POPULAR modern definition of rheumatism, and a comprehensive one, too, is muscle,- bone- or joint-pain. This covers the ground sufficiently for the average patient, and is just as true as the original Greek, which meant "a flow." Physicians of to-day would define rheumatism as a product of bacterial invasion, and, therefore, an infective disease, although the specific bacterium is not yet fully recognized. Meantime the one name may be given to very many conditions which should be more accurately diagnosticated. Rheumatism is not always chiefly distinguished by pain, nor, on the other hand, in some instances where pain was the prominent feature has it been possible to discover pathological changes.

Out of the loosely-grouped disorders considered rheumatic may be selected as an entity acute articular rheumatism. Its nature is one of the most interesting in morbid processes, for it is so highly inflammatory that it embraces a great number of

pathological steps. All that is expressed by the classic definition of inflammation, "redness, heat, swelling and pain," is prominent. Inflammatory rheumatism and rheumatic fever are generally accepted synonyms, though acute arthritis is not neglected.

A brief consideration of the nature of acute articular rheumatism must exclude all other conditions for which the disease may be mistaken. Among such are many forms of neuritis, neuralgia, myalgia, cellulitis, sprain, fracture, dislocation and other trauma, dengue, pleurisy, gout, lithæmia, tuberculosis, syphilis, rachitis, Barlow's disease, flat-foot, so-called, plantar callosities, poliomyelitis, occupation neuroses and musculoses, deep-seated varicose veins, meralgia parasthetica.

It is false and unscientific to regard every acute arthritis as an expression of rheumatism. Present-day judgment is in favor of the clearest possible differential diagnosis between the various affections of the joints. It should be determined whether the arthritis be rheumatic, gonorrhœal, tubercular, pneumococcic, staphylo- or streptococcic, or gouty; whether scarlatinal synovitis, or arthritic inflammation following typhoid, influenza, erysipelas or glanders. Exciting and predisposing causes must be studied, and the local source of infection, as well as the portal of entry, disclosed.

A correct diagnosis may usually be made by choosing from the following a sufficiently suggestive group of facts: Heredity, occupation, exposure to damp cold, sudden or gradual onset, chill, fever (102° F. average) remitting type, arthritis, shifting pain and swelling, gastric disturbance (white, moist tongue), headache, pungent acid sweat. The pains may shift steadily from joint to joint, leaving one joint to get well and attacking another. There may be swelling around many joints at one time (acute rheumatic polyarthritis). Often the largest joints are first involved, but this may be true of the small joints as well. The throat (crico-arytenoid) and ear (ossicular) articulations may be receptacles of the characteristic inflammation. The skin may display an eruption. Sudamina, urticaria, various forms of erythema are frequent. Purpura is thought to be intimately related. An attack may have been ushered in by tonsillitis, rhinitis, intestinal catarrh or chorea.

Acute articular rheumatism in infancy is very rare. Barlow's



disease, a combination of rachitis and scorbutus, is sometimes mistaken for it. In childhood, however, acute rheumatism is very common, and our best clinicians have repeatedly demonstrated its proneness to cardiac complication and sequelæ, leading to chronic heart disease. In children, so-called "growing pains" of fleeting character, often with slight swelling of articulations, are associated with chorea, tonsillitis, dermatitis, erythema nodosum, peliosis rheumatica, eczema and psoriasis.

The constant pathology of acute articular rheumatism embraces active hyperæmia of tissues surrounding joint, inflamed joint, swelling synovial membrane, serous exudation into the synovial sack, which may be filled with the turbid albuminous fluid, sometimes sterile, sometimes containing micro-organisms. The blood has an excess of fibrin, but is sterile (Ewing). The urine has an excess of urates, but deficient chlorides. The skin pours out an acrid sweat often while fever increases.

Complications are especially endo-, peri-, myocarditis, pleurisy, meningitis. Nephritis and anchylosis must be guarded against.

If sugar and starch, more than proteids, contribute to rheumatic disorders, this proposition should be weighed and respected in its bearing on prognosis.

The course of an attack of acute articular rheumatism may vary from ten days to as many weeks, six weeks being the average duration; and repeated attacks in close succession are not uncommon.

For the past half-dozen years or more efforts have been made by prominent bacteriologists to isolate the germ of acute rheumatism. Singer, of Vienna, has published his conclusions. These seem to be, at the present time, that only the ordinary pus organisms are to be found in attacks of acute articular rheumatism, which disease he considers a mild septicæmia, the exciting cause being the streptococcus and the staphylococcus albus.

F. Meyer, of Berlin, insists that a diplococcus is the specific bacterium, and he has obtained it from the tonsular exudate in a rheumatic attack, as well as from the heart valves in endocarditis.

Poynton and Payne, of England, have found the Meyer so-called streptodiplococcus in nodules, and they believe that the

attacks of chorea in rheumatism are associated with the presence of the same diplococcus in the brain.

Bell, of Edinburgh, considers rheumatism a symptom of many different conditions, and the so-called specific diplococcus a modification of either staphylococcus or streptococcus, by which the ordinary non-suppurating rheumatic fever is produced.

These records point to some possible solution of the cause of infection, but do not fully establish the bacterial excitant. Whatever the future may demonstrate in this regard, it need not be forgotten that the bacteria have always held their proper place in the world of life and the world of pathology, and so, doubtless, in rheumatism. It is yet a great question whether our present knowledge of their relation to humanity is wholly sound.

The physician who understands his *materia medica*, who can comprehend the clinical picture of disease, and who has the ability, when drugs are useful, to prescribe accordingly, that physician knows more to-day of the nature of acute articular rheumatism than any other method can yet teach. The provings on the healthy of a large number of remedies have elicited symptoms that perfectly describe the malady.

*References*: Loomis, Bartlett, Hare, Ziegler, Dana, Jacob, Jousset, Billings, Ewing, Starr, Musser, *Lancet* (British) and foreign medical journals, *American Medicine*.

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EMPYEMA IN CHILDREN.—Dr. O. Bythell, from examination of a number of cases of pyothorax, concludes it to be a comparatively frequent disease in children of any age, and certainly more often met with in boys than in girls. The majority of the cases are met with in the spring or in the beginning of the summer. In most, the pleura is infected directly from the lung, usually by a catarrhal pneumonia. The microbe most often met with is the pneumococcus, and a pneumococcal pyothorax is the most benign form, yet serious metastases may be met with. Bacteriological examination may also reveal prognostic features; for example, scanty growth in cultures denotes a benign case. In every empyema the bronchial glands are usually infected by the same microbe which is found in the pleura, and, after death, one may sometimes find them in the mesenteric glands. The best treatment, except where there is pleural tuberculosis, is to resect a rib and to secure good drainage of the pleural cavity.—*Hospitalstidende*, No. 26, 1903.

## EDITORIAL.

## HAHNEMANN OF TO-DAY.

WE were greatly attracted by the title of a paper read by E. M. Madden, M.D., at the British Homœopathic Congress, as found in the *Monthly Review* for August. It reads: *An Attempt to restate the Doctrine and illustrate the Practice of Homœopathy as we may imagine Hahnemann would have done had he lived in the present day.*

We were involuntarily reminded of Rev. Sheldon's, "What would Christ do if he came to Chicago?"—or something to that effect.

To most, this latter inquiry seemed rational and pertinent, no matter what they may have thought of the answer given. Circumstances and conditions having changed so much, it would be but natural to expect that precepts and doctrines, founded upon conditions existing twenty centuries ago, would have to be modified at the present day, leaving unchanged the fundamental truths upon which they are based.

There are, however, some in the homœopathic ranks who would consider Dr. Madden's attempt almost sacrilegious, apart from the question whether it has proved successful or not. Such guard with scrupulous care every utterance of the Master, and resent any attempt to show that discoveries since his time have rendered some of them untenable. We consider the doctor a truer friend and more loyal follower of Hahnemann than those who thus obstinately set their faces against any criticism of the *Organon*, or of any other of his writings and theories. They prefer to read into them doctrines and opinions which by no possibility could be expected to be found there. By their antagonism to any and every attempt at developing homœopathy along the lines of our present knowledge, they either virtually demand a recognition of Hahnemann as an infallible inspired teacher,—on a level with the



author's of the so-called inspired books in the religious world,—or belittle the ideal of the Master by their unwillingness to allow any alteration or modification of his teachings in the light of increased knowledge. “Hahnemann, had he lived now,” says Dr. Madden, “would unquestionably have possessed a full knowledge of all methods of research and the results obtained therefrom,” “and the final result would have been just the same so far as the truth of his great law of therapeutics is concerned.” But who can doubt that he would have been guided by scientific research and would have written many things differently? In saying this we do not detract from Hahnemann's glory in the slightest, but rather honor him the more by supposing that he would not have obstinately clung to views founded upon imperfect knowledge, but would have been the first to remodel them according to authenticated results of scientific investigation. He built upon all that it was possible for him to have at the time when he lived, and he surely would do the same were he living to-day.

We cannot say that the attempt of Dr. Madden is altogether satisfactory. The sum of his explanation of the law and practice of homœopathy is as follows: All vital changes must originate in the cell. The cell can be affected by stimuli (disease, drugs, etc.) only in the way of excitation or depression; therefore, “so long as a cell is in action the changes in its activity must be capable of being represented as either plus or minus its normal.” “The balance of healthy life is only kept up when each interdependent part of the organism fulfils its own appointed task, neither more nor less. This arrangement, together with the natural law that excessive or over-stimulation, whether of a cell or of the body as a whole, is always followed by exhaustion, shows us how, in those cases where cell activity is not destroyed by anything which disturbs the health, the law of reaction is called upon to restore the balance.” “The majority of symptoms of disease are symptoms of the reaction of the body against the cause of disease.” As an instance, he gives the simplest effects of a localized chilling of the body: sensation of coldness, pallor, shrinking, anæsthesia, due to excitation of the sympathetic fibres in the vasomotor nerves and depression of the cerebro-spinal. This is followed by reac-

tion with heat, redness, swelling and pain, due to a reverse affection of the nerves mentioned. "Here we have an extreme activity of the vital elements which produce contraction of vessels and consequent obstruction to circulation, followed by a *reaction in the form of exhaustion* of these forces, with *apparently* an overactivity of the dilating forces and heat-producing centres." (The italics are ours, and indicate, we think, a weak point in the argument.—ED.) Having a drug capable, in small doses, of producing the symptoms of a chill, and in larger doses followed by those of a reactionary fever, we can use it in either way to assist in the natural method of cure. The use of the larger dose is attended with risk, and the use of the small one has proved more successful. "A small dose will help stimulate the centres causing contraction which have become more or less depressed by the original chill from overstimulation, and by so doing leave the reactionary forces with less work to do to restore the equilibrium to the health level."

This might be a perfectly satisfactory explanation of the homœopathic law, but the depression following overstimulation cannot be regarded as a reaction, but only as a consequence of exhaustion of energy and one of the results of overstimulation. The only true reaction is the activity set up by nature in the reverse direction, in the example above, the excitation of the cerebro-spinal fibres, and this depression of the sympathetic with their accompanying results.

Again, the strength of the reaction is not always proportionate to the extent, duration or intensity of the stimulation. If it were, then might such a mathematical reckoning of the plus and minus of depression as calling for a plus or minus of reaction, perhaps, be convincing. As it stands, however, it would seem that a small dose stimulating the contracting fibres still more would demand an increased reaction to counteract its effects. It might be a legitimate argument in explaining prophylaxis which can, under no conditions, be effected in the same manner as a cure. In the case of a chill, as above, the small dose, simulating the effects of cold, adds its effects to those of the applied stimulus, and causes an increased reaction, whereby further consequences are avoided and the equilibrium speedily restored. True prophylaxis can only be efficacious when it is applied before reaction has begun.

But it was not our original intention either to criticize or to attempt to better Dr. Madden's theory, but only by it to point out again, as often before, that review and criticism of Hahnemann's utterances are not incompatible with respect for him and his teachings, nor with allegiance to the homœopathic law of cure.

#### AN IMPORTANT SYMPTOM AND ITS SIGNIFICANCE.

At comparatively short intervals, especially during the baseball and football seasons, we read in the daily press of accidents to youthful athletes, of which the following represents the usual history:

"He was struck on the hand, the blow being a severe one. He did not mind it much at the time and continued his play. Shortly afterwards, perhaps a few hours, he suffered intense headache, became unconscious, and died the following day. The doctors pronounce it a case of concussion of the brain."

We never read such accounts without wondering if the doctors said any such thing. If they did, we have great commiseration for their ignorance. In all cases of this character the lesions can be but one thing, and only one,—namely, meningeal hæmorrhage. Such cases call for prompt trephining. The certainty of the diagnosis is such that there is no excuse for delay.

The mistake of calling these cases concussion of the brain is especially blameworthy. That traumatism can produce disturbance of brain function without first altering brain structure is inconceivable. The resulting lesions must be a laceration of the brain or its membranes, or both, or compression by depressed bone, or hæmorrhage. An early diagnosis is necessary to the welfare of the patient. When, however, there is an interval of comparative freedom from symptoms, between the time of the reception of the blow and the resultant disturbance of function, the lesion can only be meningeal hæmorrhage.

Not long ago, a young man riding along the street on a bicycle fell and struck his head. He got up, walked to the



pavement and sat down in a chair. In the course of half an hour he became unconscious. He was taken to the Hahne-mann Hospital and trephined. A bleeding from the middle meningeal artery was discovered, clots were removed, and the hæmorrhage checked. He recovered.

A football player was injured severely in the neck during a mass play. He got up, walked about the ground for five minutes, when he began to lose the function of his legs. Finally, complete paralysis of legs appeared, and to this was added a like condition of the arms. He died. Unfortunately, an autopsy was not obtained. To our mind, however, the diagnosis of spinal meningeal hæmorrhage was beyond all reasonable doubt.

INFECTIONS OF THE NEWBORN.—Hamill and Nicholson, of Philadelphia, report a series of cases of infections in the newborn, together with complete autopsy reports and bacteriological findings, from which they draw the conclusion that no definite classification of these conditions, as has been attempted in the past, can be made with accuracy. Hæmorrhagic disease of the newborn, Winkel's disease and Buhl's disease, for instance, are not pathological entities according to their discoveries.

The *etiology* of hæmorrhagic conditions in the newborn is in the majority of cases infection; in some instances it may result from trauma, foetal malformations, asphyxia and syphilis. The most commonly encountered organisms are the streptococcus, the colon bacillus and the staphylococcus aureus.

These infections are most common in maternity hospitals, and nurses are much to blame for the spread of the infection [Koplik, in discussing the paper, said that there was no necessity for cleansing the mouth of the newborn, and that there was always more danger in so doing than in letting it alone, as germs were thus carried into the buccal cavity. The best way of managing the mouth was to wash the mother's nipple before nursing, as first suggested by Epstein, of Prague].

The *post-mortem findings* may be summed up as congestion and hæmorrhage. Ulceration in various portions of the intestinal tract occurs. The histological changes are cloudy swelling, fatty degeneration and infiltration of the liver and kidneys, and various other phenomena incident to hæmorrhage.

The *symptoms* occur, as a rule, in the first week, but they may be delayed to the fifteenth day. As pathognomonic may be considered fever; greenish, mucous stools; papular or papulo-vesicular eruption and rapid emaciation.

The *treatment* is prophylactic. While some cases seem to recover, especially when taken from the hospital or isolated in a pure atmosphere, still the great majority end fatally.—*Archives of Pediatrics*, September, 1903.

## GLEANINGS.

**DISTURBANCES OF RESPIRATION IN THE NEWBORN.**—This subject is interestingly discussed by W. R. Wilson, in a paper read before the American Pædiatric Society (May, 1903). The two chief conditions of respiratory failure in the newborn are asphyxia and pulmonary atelectasis. Paralysis of the abdominal muscles from spinal injury has been observed. Infection, with the production of bulbar paralysis, is another rare form of asphyxia (usually recurrent). Temporary cessation of respiration would at times seem to depend upon gastrointestinal autointoxication.

Dyspnœa results from cardiac deformities, pneumonia, congenital stenosis of the larynx, enlarged thymus gland and dyspepsia. The main body of the paper is devoted to a differential study of these various forms of dyspnœa.—*Archives of Pædiatrics*, September, 1903.

C. Sigmund Raue, M.D.

**INSTRUCTIONS TO STUDENTS ADMINISTERING ETHER.**—(Morton.)—In a well summarized paper the writer covers the old, but ever new, ground of anæsthesia. His instructions are terse and to the point, as follows: *Before etherizing*:

(a) Examine the urine especially for albumin and sugar, and if either one be present the operator should be notified and his further decision awaited before beginning the anæsthetic. Both ether and chloroform are irritants to the kidney, ether more so.

(b) Examine the heart for any organic disease. If present, it would not necessarily prevent the giving of an anæsthetic if, in the judgment of the operator, the operative condition absolutely demanded it, but it would influence the etherizer in the particular watchfulness he would exercise in regard to heart-action and the pulse.

(c) Examine the lungs.

(d) Have the stomach and bowels empty; also the bladder.

(e) Count the pulse, always taking note of any idiosyncrasy, either fast or slow pulse, which may be dependent on nervous causes.

(f) Remove loose bodies from the mouth and false teeth.

(g) Take note of glass eyes and ankylosed joints.

*Etherizing*:

(a) Put the dry cone, or whatever apparatus is used, over the patient's nose and mouth, and let him become used to it for a few moments; then drop the ether steadily and continuously all over the surface of the cone until the patient is fully etherized, being careful to see that the cone does not become so excessively saturated as to allow the ether to flow through it into the mouth or nose or over the skin.

(b) Tell the patient to blow out against the cone with long, deep, but not straining, respirations, because he thinks it relieves him to throw away the gagging, irritating vapor, and by so doing he necessarily takes deep inspirations and thus plays into your hands by satisfactorily inspiring the ether even after consciousness is partially lost. If told to take deep inspirations, some patients, after doing so for a few moments, will lose control of themselves, and by holding their breath as long as possible, or taking short, shallow inspirations, unnecessarily retard the etherization. Sometimes artificial respiration has to be practiced in such cases to force them to inspire and come under the desired influence.

(c) It is often well to tell the patient to hold one or both arms straight up in the air as long as he can. It gives him something to think about besides the ether, and it is also a help to the etherizer by showing that the patient is coming under the influence of the anæsthetic as he drops and relaxes the arm. When the latter occurs (close of the stage of etherization), slight operations, such as opening of small abscesses, felons, etc., can be done without further etherizing.

During the administration of the ether, the four most important things to watch are: (1) *breathing*; (2) *color*; (3) *pulse*; (4) *pupils*.

The patient should be constantly attended until he has recovered complete consciousness, so that he will not disturb dressings or the affected part, fall out of bed, inspire mucus or vomited material, and thus become cyanosed, or suffer from any considerable respiratory embarrassment. If necessary, the head should be kept turned on one side, the jaw well forward, and the mouth clear of accumulated or vomited stomach contents, mucus, etc.—*The Therapeutic Gazette*, August 15, 1903.

William F. Baker, A.M., M.D.

THE CAUSATION OF CANCER AND ITS TREATMENT WITHOUT OPERATION.—(Bell.)—In conclusion, the writer sums up the predisposing causes of cancer as follows:

1. Persistent and prolonged retention of fæces containing an undue proportion of decomposing albuminous material, from which entero-toxins are derived, and by absorption are carried into the blood.

2. The blood thus contaminated produces a depraved condition of the nervous apparatus, thereby handicapping the functional activity of the various organs, interfering with cell metabolism and eventually culminating in anæmia in young persons or cachexia in the elder.

3. If the functions of the thyroid are at fault, these toxins, which otherwise would be neutralized, remain in a position capable of serious mischief.

4. If saccharomycetes are present in the blood, this toxic material is liable to undergo chemical changes, resulting in the formation of uric acid, when uricacidæmia will result.

5. The presence of these toxins in the blood, alone or combined with uric acid, exerts a pernicious influence on cellular structures, and confers upon them a predisposition to take on a malignant metamorphosis.

6. Prolonged or repeated irritation of a part is liable to arouse into malignancy cells, which otherwise would have remained dormant.

7. The vitiated condition of the blood, by prostrating the physiological vitality of the various organs and cellular structures, and paralyzing the "vis



*medicatrix naturæ*," affords every facility for the new growth to establish its identity and increase its area at the expense of environment.—*Medical Record*, August 15, 1903.

William F. Baker, A.M., M.D.

ORGANOPATHY IN TACHYCARDIA AND "HOT FLASHES" DURING THE MENOPAUSE.—Dr. M. N. Ca. I. Iris, in a paper read before the Imperial Society of Medicine, of Constantinople, asserts that many physicians misunderstand the disturbances of the menopause; hence, they do not give sufficient time to their study. This period in the life of a woman is capable of giving rise to disturbances serious enough to endanger her life. Among the most frequent symptoms complained of are "hot flashes" and tachycardia, which, though apparently present separately, really coexist in the case; they may also follow castration. These disturbances exercise a manifest influence upon the general nutrition of the patient, and are due to the suppression of the internal secretion of this organ or its absence. Feeding with ovarian substance on its active principle is of great help in such cases. He gives the raw ovaries of sheep in a little broth, with favorable results.—*La Grèce Médicale*, Nos. 9 and 10, 1903.

Frank H. Pritchard, M.D.

QUININE SUBCUTANEOUSLY IN PNEUMONIA.—Prof. Aufrecht, of Marburg, in giving quinine hypodermically, adds urethran to increase the former's solubility. While 17 gms. are necessary to dissolve one-half a grain of quinine, by adding urethran one may dissolve it in 5 gms. of water. He prescribes the following solution: Quinine hydrochlorate, 0.5; urethran, 0.25; distilled water, 5.0. Quinine subcutaneously in pneumonia exercises an almost specific action; he has also used it in puerperal fever with success. He has often given one-half a grain, 0.5, for eight successive days, at times twice a day. Administered subcutaneously, quinine rarely causes slight, if any, untoward effects.—*Therapeutische Monatshefte*, No. 2, 1903.

Frank H. Pritchard, M.D.

ERUPTIONS FROM CODEINE.—Dr. Wolters describes three cases of skin eruptions due to codeine. A man suffering from bronchitis, after 3 cgms. a day, commenced to complain of redness and swelling of his hands and face. The rest of his body was covered with roundish, reddish spots, with intense itching and mental excitement. Three weeks later, for the sake of experiment, the drug was repeated, when the same untoward effects appeared.—*Berliner Klinische Wochenschrift*, No. 29, 1903.

Frank H. Pritchard, M.D.

ACUTE YELLOW ATROPHY OF THE LIVER AS AN ENDING OF LATENT CIRRHOSIS.—Prof. Littero reported to the Society for Internal Medicine of Berlin the case of a young girl of 17 years, apparently in good health, who one morning complained of diarrhœa, at the same time becoming jaundiced. The icterus and intestinal catarrh became worse, fever set in, petechiæ appeared on her skin, her urine became albuminous, and a pleural exudate was detected. Three weeks later she died comatose. The diagnosis had been between acute yellow atrophy and thrombosis of the portal vein. The necropsy showed acute yellow atrophy to have been present as a termination of a latent and wholly unsuspected cirrhosis of the liver. Streptococci of moderate virulence were isolated.—*La Semaine Médicale*, No. 29, 1903.

Frank H. Pritchard, M.D.

**DISTILLED WATER OR RAIN-WATER IN GOITRE.**—Dr. C. A. Rayne, of Lancaster, England, claims to have obtained good results in the treatment of goitre with either distilled water or rain-water. Having a young woman of 18 years under treatment for a voluminous goitre which interfered with respiration, and having obtained no results from the usual remedies, as iron, digitalis, iodine, etc., he advised her to drink distilled water. It is generally known that either animal or vegetable impurities from the soil contaminate drinking-water and cause goitre. Under the influence of this simple measure the tumor decreased in size in the course of a few weeks, while the patient's general health considerably improved. Returning to her parents in the country, the distilled water was replaced by rain-water. At the end of about six months scarcely a trace remained of her goitre. Since then he has tried this in two others with success; in one, who had had a goitre for fifteen years, eight months of treatment caused it to decrease one-half in size.—*La Semaine Medicale*, No. 29, 1903.

Frank H. Pritchard, M.D.

**ORGANOTHERAPY IN SCANTY SECRETION OF MILK.**—Dr. Holger Prip, of Copenhagen, has had excellent results in faulty secretion of milk in nursing mothers from feeding with the cooked udder of cows. It increases the quantity of milk visibly; the children thrive, and, in cases where artificial feeding would be necessary, by this measure nursing mothers have been enabled to continue to nurse their children.—*Hospitalstidende*, No. 28, 1903.

Frank H. Pritchard, M.D.

**CARBONATE OF SODA IN LEG ULCERS.**—Dr. O. M. Tetradzé, a Russian military physician, claims that the bicarbonate of soda, a remedy recommended in phlegmonous affections, is also an excellent measure in the treatment of varicose ulcers. He cleansed the surface of the ulcer by a 2-per-cent. solution of the drug and applied compresses wet in a 3- or 4-per-cent., which are fixed by means of bandages; the extremity is kept elevated. These compresses are changed several times during twenty-four hours; later less frequently. In other cases where he employed this measure he obtained rapid cessation of suppuration, the ulcer's surface became dry, and in general the drug favored granulation and cicatrization.—*La Semaine Medicale*, No. 30, 1903. (I have gotten very good results by packing the ulcer with thin and soft sponges, soaked in a solution of sodium bicarbonate. Over this a bandage of cotton cloth is placed. An ointment of the dry extract of witch-hazel, in vaseline, is rubbed into the ulcer. The sponges stimulate the torpid ulcer; the sodium solution dissolves the glue-like and dead covering of such ulcers, while the witchhazel ointment seems to exercise a specific effect on such ulcers.)

Frank H. Pritchard, M.D.

**ADRENALIN IN HÆMORRHOIDS.**—Dr. D. Devilliers, in a woman of 46 with inflamed, painful and irreducible hæmorrhoids threatening strangulation, began by spraying onto the hæmorrhoidal mass a solution of adrenalin, made by adding 25 gms. of adrenalin hydrochlorate (1 : 1000) to 250 gms. of distilled water. The next day he applied locally a tampon soaked in a 1 : 2000 solution. An hour later the whole mass was pale and bloodless and the pain had nearly ceased. The day following a 1 : 1000 solution was employed, and in thirty minutes reduction was possible. The piles did not form again.

Hence, he recommends this measure in painful and strangulated hæmorrhoids which cannot be reduced. He also refers to Dr. Rouchard, of Paris, and Prof. Mossé, of Toulouse, who have used adrenalin in this condition where surgical measures were refused and medicines were ineffective.—*La Semaine Médicale*, No. 30, 1903.

Frank H. Pritchard, M.D.

NEURITIS FOLLOWING PNEUMONIA.—Drs. Rénon and Géraudel communicate two cases of neuritis after pneumonia. In one patient, a man of 37 years, there appeared on the eleventh day, and two days after the crisis, severe pains in the right forearm which were localized in the region of the ulnar nerve. There was anæsthesia both of the vola and of the dorsum of the hand which corresponded to the distribution of the nerve. This nerve-trunk was sensitive to pressures to the elbow. Later the left ulnar nerve became affected in a similar manner. Improvement set in after about a month. The second case was that of a woman of 47, with a pneumonia of the right lung. On the eighth day of the disease she complained of pains in her nates, and on the inner side of the left buttock an ecchymosis was found, which the next day had become a dry eschar, with complete anæsthesia of the surrounding region. The lesion cicatrized later. He thinks the sudden appearance of the ecchymosis, the disturbances of sensation and the place of appearance are best explained by supposing it all to be of nervous origin—i.e., a neuritis.

A neuritis after a pneumonia is rare. It is certainly of toxic origin and usually comes on late in the disease, during the first day of convalescence. The prognosis is good, but it plays a certain part in producing certain diseases of the nervous-system which are noticed after pneumonia.—*Archives Generales de Medecine*, No. 7, 1903.

Frank H. Pritchard, M.D.

TO CURE A "COLD IN THE HEAD."—Dr. Sternberg, of Vienna, recommends abstaining wholly from fluid foods and beverages for forty-eight hours at least, when the disagreeable lachrymation and coryza will have disappeared; but possible complications, as otitis media, involvement of the accessory nasal sinuses, will be greatly lessened in frequency. This treatment was recommended seventy years ago by a Dr. Williams.—*Correspondenz-blatt f. Schweizer Aerzte*, No. 5, 1903.

Frank H. Pritchard, M.D.

FORMALIN IN EXCESSIVE SWEATING OF THE FEET.—During the summer of 1902, formalin had been employed in the French army for sweating feet, and the good results obtained in the German army have been confirmed. Indeed, formalin is the best remedy yet found for this condition. The results are not lasting, and treatment must be repeated after a few weeks. The feet are painted with the solution twice to thrice a day, avoiding the skin between the toes. If the feet be sore and the epidermis macerated, one may begin with a 5-10-per-cent. solution, using later a 20-30-per-cent. solution. The day before marching one may apply a still stronger solution as a prophylactic.—*Hospitalstidende*, No. 26, 1903.

Frank H. Pritchard, M.D.

TO ABORT AN ATTACK OF ASTHMA.—Dr. Aronsohn, in an asthmatic whose septum and right middle turbinate presented red and sensitive spots, painted these with a 1:1000 solution of adrenalin chloride, and the attack ceased in a



short time. Another attack soon after was aborted in a similar manner, and none were observed for six days. If no sensitive (asthmogenous) spots are to be detected, one may spray a solution of adrenalin, in liquid vaseline, into the nostrils, or employ a salve. Of course, this treatment is not curative, merely palliative. The formula for the solution is: Adrenalin chloride solution (1:1000) gms. 10, liquid vaseline, 20 gms. The ointment consists of adrenalin solution (1:1000), 1-5 gms., lanoline and vaseline āā, 5 gms.—*Therapeutische Monatshefte*, No. 4, 1903.

Frank H. Pritchard, M.D.

ONE TREATMENT FOR GASTRIC ULCER.—Dr. Walho advises the internal use of olive oil in peptic ulcer. In the acute form of the disease he would begin with a teaspoonful and gradually increase the dose until an ounce and a half, or even more, are taken three times a day. The mouth may then be rinsed out with any mouth-wash. If the olive oil be repugnant one may give 100-200 c.cms. through a stomach-tube. This treatment is continued as long as the most severe symptoms persist—three to five days when no other food is administered. Then other foods are given simultaneously for fourteen days. It may also be tried in the chronic variety of the disease.—*Hospitalstidende*, No. 29, 1903.

Frank H. Pritchard, M.D.

PITYRIASIS VERSICOLOR.—Prof. Aufrecht recommends a 4-per-cent solution of salicylic acid in absolute alcohol in pityriasis versicolor. It is rubbed into the affected spots every evening. A cure is usually obtained in fourteen days.—*Therapeutische Monatshefte*, No. 4, 1903.

Frank H. Pritchard, M.D.

KOPLIK'S SPOTS IN MEASLES AS AN EARLY DIAGNOSTIC MEASURE.—Dr. Monrad, of Copenhagen, at a recent meeting of the medical society of that city, reported his experience with this sign in the diagnosis of measles before the eruption would appear. He examined seventy-three children, and in forty-three (60 per cent.) he detected the characteristic appearance of the mucous membrane of the mouth. *He held it to be pathognomonic of measles.* There have been writers who have examined tens of thousands of children with all possible diseases, and neither in scarlatina, grippe, smallpox, exanthematic typhus, septic nor serum-exanthems was it noted. Koplik's spots were only found in measles. Only one writer, Widowitz, of Graz, Austria, claimed to have observed them in rubeola—in ten out of one hundred and thirty-five cases. Monrad has never seen them in this disease. In the greater number of the cases he noticed them from twenty-four to forty-eight hours before the appearance of the eruption. In ten of his cases they were the only sign of measles, thereby enabling one to isolate the patient, a fact of importance in children's asylums and hospitals. These spots are found on the mucous membrane of the cheeks and lips. In the beginning there are small, vivid red spots, in whose centre there is a whitish or grayish-white point which projects above the mucous surface and which may be better felt than seen. They are found in groups of a few to several. If very prominent, the whole vividly red mucous membrane seems to be strewn over with fine sand. Though the hyperæmic areas may run together, yet the whitish spots never confluence to form a false membrane. At first hardly to be rubbed off with the finger, later they are easily removed

without bleeding or injury of the mucosa. Very careful inspection by daylight or electric light is necessary to find the spots at first. He thinks it well worth the trouble to look for them where measles is suspected.—*Hospital-student*, No. 29, 1903.

Frank H. Pritchard, M.D.

ELECTROLYSIS IN THE TREATMENT OF TRACHOMA.—The author has tried all the standard methods for the treatment of this extremely obstinate disease, and has finally come to discard them all in favor of electrolysis. His results from this treatment were uniformly better than from any other, medical or surgical. The current as used by him is not caustic in action, but is antiseptic, and produces absorption of the redundant masses without the production of cicatrices. He also finds it valuable in treating the scars that have resulted from the use of caustics. Hence, it is especially of service in cases of entropion and pannus. His conclusions were supported by the reports of several cases from practice.—Edgar A. George, *Jour. Ophth., Otol. and Laryng.*

William Spencer, M.D.

SEQUELÆ OF TYPHOID FEVER AS RELATED TO THE EYE, WITH ESPECIAL REFERENCE TO THE ACCOMMODATION.—George H. Price discusses the conditions of paresis, or paralysis, which so often follows typhoid fever. From clinical and from pathological studies made, the condition can be assumed to be as follows: The axones from the motor nerves of the ciliary ganglion, distributed through the ciliary nerves to the muscular apparatus residing in the ciliary body, which is quite vascular, are subjected to the typhoid bacillus carried by the blood, until there is set up a neuritis, which, extending back to the ganglion, induces changes in the nutrition of these cells, which may go on from simple disturbance to complete destruction of the cells. Since the author has studied the pathology, as reported by Nichols, he is of the opinion that the most reliable means of combating the condition lies in some preventive measure: that is, some internal medication during the progress of the disease which will prevent, if possible, the complication to such a marked extent of the nervous-system. During convalescence he would suggest that the patient would refrain from any near use of the eyes, so as to prevent any taxing of the nerve-supply and muscular mechanism while it is unable to stand this strain, and which would keep up the irritable condition.—*Annals of Ophthal.*

William Spencer, M.D.

THE LATEST "DISCOVERY" FROM PARIS.—The *Revue des Revues* states that Prof. Peté Stein has invented an apparatus which not only restores lost sight, but gives vision to those who have been blind from birth. Dr. Caze, who publishes the announcement, says that Prof. Stein took him into a dark room and securely bandaged his eyes so that he could not possibly see. The lamp was then lighted and the apparatus fastened around his temples, when instantly he became conscious of a dim light. The light became stronger, and he was now able to count the professor's fingers when they were held up before him, and to enumerate other things in the room. Just as he was feeling that his vision was clearing, and he was convinced that he would soon see normally, the apparatus was suddenly removed and he was left in total darkness. Prof. Stein rests his claim on the theory that man does not see with

the eye, but with the brain, the eyes only serving to receive the image, which the optic nerve transmits to the seat of perception, and if, therefore, the image can be transmitted to the brain without eyes, a blind person can see as well as anybody.—*Am. Medicine.*

William Spencer, M.D.

A CASE OF SYMPATHETIC OPHTHALMIA.—This was a case of a girl 15 years old who wounded the left eyeball with a table knife. Vision was immediately lost, except light perception. The eye was treated by her family physician with boric acid washing. Six weeks after the injury the sound eye became red, irritable and slightly painful. The same treatment was continued, as the trouble was thought to be from cold. In two weeks more vision began to be impaired, and continued growing worse until the family became alarmed and sought expert advice. It came under the writer's care four months after the injury. Wounded eye showed extensive scar in the ciliary region, involving the iris. Tension was much reduced. The sympathizing eye showed iritic adhesions and opacities of the vitreous. Tension was minus and vision was fingers at four feet. Treatment was removal of wounded eye and atropine with exclusion of light from the sympathizing one.

Patient went home after three months in the hospital, with vision only for large objects in a very light room and without any hope of improvement.—C. J. Severe, *Jour. Ophthalm., Otol. and Laryngol.*

William Spencer, M.D.

THE USE OF DIONIN BY VON ARLT.—Out of twenty cases of corneal cloudings he has been able to follow up five cases from three to twenty-one months, and in which the results were startling: vision in several cases being brought up to the normal.

He uses it once a week, occasionally twice a week, and never uses more than 0.005 at a time, rubbing it well into the conjunctival sac. When its employment is entrusted to a member of the family, he prescribes a 10-per-cent. salve, with lanolin, which is to be rubbed in once weekly.—*The Homoeopath Eye, Ear and Throat Journal.*

William Spencer, M.D.

PODOPHYLLIN ACTION ON THE EYE, LOCALLY.—Free lachrymation, catarrhal conjunctivitis, without much discharge. Keratitis, always central, and always accompanied by slight loss of the corneal epithelium. The cornea slowly clears from the periphery towards the centre. Acute iritis follows the entrance of the podophyllin very quickly—within twenty-four hours. The iris is intensely congested, the pupil is very small and acts neither to light nor atropine; it is soon closed by exudation. There is intense pain, radiating into branches of the fifth nerve. This attack lasts about three days; medicines have no effect on the cornea; suddenly there comes a crisis, after which pain ceases, the pupil dilates to atropine, and in a few days all traces of inflammation disappears. The rapid course of the disease gives us the most ready means of diagnosis. In the majority of instances no evil effects remain, in spite of the very grave appearance of the disease at the onset.

Pathologically, only the anterior half of the globe is affected. The cornea is much infiltrated, the iris is enormously congested, the vessel-walls are covered everywhere by a layer of leucocytes. The ciliary processes appear hypertrophied. Very commonly there is a ring of pigment on the anterior cap-



sule of the lens. The action of the drug appears to be in the first instance a stimulation of the trifacial, followed by paralysis. This is shown by the hyperæsthesia of the cornea, which is replaced by anæsthesia after a few days. The contraction of the pupil and the engorgement of the iris vessels are probably attributable to this cause.—A. N. de Rocca-Serra, *Rev. de Therap. Med. Chir.*

William Spencer, M.D.

**FALSE ANÆMIA DUE TO SPASM OF THE BLOODVESSELS, ANGIOSPASTIC PSEUDOANÆMIA.**—Dr. F. Vermehren has observed a number of patients, who presented all the appearances of those with anæmia or chlorosis, whose blood, on examination, he was surprised to find normal. Amongst these pseudo-anæmics he has met with a dozen whose condition was characteristic enough to deserve description. These patients complain of always being tired; the least effort makes them out of breath and their heart beats violently. But the most striking feature in their case are their pale face, ears and extremities; a paleness which, at times, may be replaced by cyanosis. The fingers particularly are stiff and prickle. The mucous membranes are colorless, though they may also be normal. From various causes, at times, one may notice certain pale areas suddenly become red. This pallor may, for a period of twenty to thirty minutes, become peculiarly pronounced. The face, then, is actually cadaveric, and the patients are seized with vertigo, amnesia, difficult speech or paresis of their limbs. These crises appear from cold, emotion, fatigue, etc. One may notice various anomalies in the various organs. There may be vascular souffles over the great vessels of the neck, accentuation of the second heart-sound, high arterial tension, gastrointestinal troubles and enteroptosis. The urine is at one time scanty and at another abundant; in none was it albuminous. The blood appeared to be normal; the proportion of hæmoglobin to red corpuscles was generally above normal, seemingly due to concentration of the blood. Physiologically, the condition in question appeared to be due to a vaso-constriction of certain vascular territories. Whatever be the primary cause, it is interesting to note that out of ten patients, nine were males; of these, three had ancestors, or relatives, who were either epileptic, insane, or on the "borderland," three were hysterical, one was epileptic and three were extremely nervous. The age of the patients and the duration of the disease are very variable. It may begin during childhood or puberty and persist during life. In some ways this symptom-complex resembles Raynaud's disease, yet it is rather distinguished by a greater extent of ischæmic territory and the associated general symptoms. On the other hand, the absence of arterio-sclerosis permits one to exclude certain vascular neuroses which depend on this morbid process. As to the treatment, he has obtained notable improvement, and even cures, by changing the diet to a vegetable one and giving them valerian. The continuous current along the spinal column exercises a favorable influence, but a recurrence follows as soon as it is suspended.—*La Semaine Medicale*, No. 20, 1903.

Frank H. Pritchard, M.D.

**A CASE OF INOPERABLE CARCINOMA TREATED BY ROENTGEN RAYS.**—Prof. Schiff, of Vienna, recently showed before the Medical Society of that city a case of carcinoma of the breast with this appearance: A broad sessile and ulcerating tumor of the portion of the left side of the thorax, which ex-

tended into the axilla, with swollen and enlarged lymph-glands. The growth was surrounded by numerous smaller tumors which were ulcerated and bleeding. In the axilla there was a defect of substance of the size of a dove's egg, covered with a dirty, ichorous secretion. The condition was therefore an inoperable carcinoma of the mamma, with lenticular metastases of the skin. This lesion was exposed to the X-rays, and already, after three sittings, the tumors had cleansed themselves and grown smaller. This treatment was continued, and after twenty exposures there remained only a few superficial excoriated spots; otherwise there was only a smooth, large scar, the cutaneous metastases had disappeared, the glandular enlargements of the supraclavicular and infraclavicular regions had become smaller and softer, while the general condition of the patient had materially improved. In the discussion Dr. Holzkecht referred to cases which had been treated by Dr. Eijkman during the years 1890-1891, as well as to publications from Mikulicz's clinic. These were all inoperable cases which were improved or cured, but which died later of metastases in internal organs. From the works of Kienboeck, Scholz, Weidenfels and Holzkecht it will be seen that the rays act by a peculiar chemical energy, causing an idiopathic degeneration of the cells and tissues rich in protoplasm, which are then absorbed. Thus, and not by a bactericidal or inflammatory action, is the result brought about.—*Muenchener Medicinische Wochenschrift*, No. 26, 1903.

ON THE ABUSE OF ALCOHOL IN GERMANY.—Prof. M. Gruber, at a recent meeting of the Socio-scientific Union of Munich, read a paper on the abuse of alcohol in Germany, and its danger to the nation. In Germany there are consumed yearly: six hundred and eighty-four million litres of brandy, six billion litres of beer and three hundred and twenty-two litres of wine. Hence, for each individual's share there are thirteen litres of brandy, one hundred and sixteen litres of beer and six and four-tenths litres of wine. These cost each year from two and a half to three billion marks. Gruber remarks with regard to the injurious effects of these beverages that every tenth patient in the insane asylums of Germany had been addicted to alcohol, and each male body examined in Munich presents the so-called "Munich beer-heart" as a cause of death.—*Hospitalstidende*, No. 22, 1903.

Frank H. Pritchard, M.D.

SYPHILIS AS A CAUSE OF CHOREA.—(Mettler.)—The conclusions formulated are:

1. Syphilis in rare instances is a cause of chorea, and should always be thought of as a possibility in the examination of every case.
2. Chorea may be the result of hereditary or acquired syphilis.
3. Most of the cases of syphilitic chorea are unilateral; belong to the prehemiplegic or posthemiplegic type of that disease; may or may not be associated with other signs of an irritative lesion; are not infrequently developed in hereditary syphilis, and are to be attributed, probably, to a functional disturbance of an irritable sort in the cortical or ganglionic motor-cells.
4. The recognition of these two forms of syphilitic chorea—the focal and the generalized—support the inference that all forms of chorea are but the expression of one or more of a multiplicity of possible factors, which may disturb the functional activity of the upper motor neurons, these factors being all the way from a gross lesion down to a molecular or chemical change not

demonstrable with our present means of investigation. This conclusion leads to the further conclusion that chorea is not a disease, but a mere symptom.

5. Syphilis, when determined as the cause of a case of chorea, should lead to the prompt and thorough treatment of the case as one of syphilis and not chorea.—*The American Journal of the Medical Sciences*, September, 1903.

William F. Baker, A.M., M.D.

ICHTHYOL IN THE TREATMENT OF PULMONARY DISEASE.—(Burnett.)—Ichthyol, or ammonium ichthyolate, is a definite chemical compound obtained by acting upon a crude mineral oil derived from a special variety of bituminous quartz by destructive distillation. The oil is treated with strong sulphuric acid, the product being sulpho-ichthyolic acid, a dibasic acid. This acid is neutralized by ammonium.

The substance is a dark-brown, thick liquid, readily soluble in water, and with a characteristic smell and taste.

It was first described by Unna in 1883. At first it occupied first rank among local applications, but with further study it has come to occupy almost as prominent a place as an internal medicine.

The majority of the cases in which the remedy was used were those of pulmonary tuberculosis. Very gratifying results were also obtained in two cases of bronchiectasis, and in cases of acute and chronic bronchitis. Much benefit has resulted from its use in cases of pulmonary fibrosis of the pure type, *i.e.*, apart from the tubercular.

The tubercle bacilli were found in all cases of the tubercular that were reported. No other drug was prescribed save ichthyol, and the hygienic surroundings were not always of the best.

A summary of the results is as follows: At the end of the first month of treatment, in six of the cases the cough was less harassing, and the other five showed no improvement.

At the second month every one presented a distinct improvement as regards the cough, while in eight the expectoration was less and easier raised. Only one case showed absence of night-sweating. By the end of the third month seven had stopped sweating, and in another month it had stopped in all cases. Toward the end of the fifth all cases showed a very marked improvement.

Speaking generally, the younger the patient the more marked was the improvement, and more they gained in weight. Average increase, 4.9 pounds.

As to the dosage and method of administration. Generally speaking, 8 to 20 grains, four times a day, administered in capsules, each capsule containing 4 grains of the drug, starting with 2 capsules four times a day and increased to 5 capsules. This seems like a considerable amount at first sight, but in every case it was well borne. The writer says he can readily understand ichthyol giving rise to gastric disturbance when administered in solution, hence he has suggested its use in capsules. As to its mode of action the writer suggests:

(a) It may act as an antiseptic agent on the tubercle bacillus or other organisms that may be present in the diseased parts.

(b) It may act on the general nutrition.

(c) It may act on the lesion itself.

In closing he says ichthyol is not a curative agent, but a palliative one. It acts by direct local influence on the areas involved, reducing inflammation



and getting rid of the foreign matters evolved. It does not kill the organism, but it renders their toxins much less virulent.—*The Lancet*, August 8, 1903.

William F. Baker, A.M., M.D.

**MALARIA IN TEMPERATE CLIMATES.**—Theobald Smith took as his subject for the Shattuck Lecture delivered on June 9, 1903, before the Massachusetts Medical Society, "The Sources, Favoring Conditions and Prophylaxis of Malaria in Temperate Climates, with Special Reference to Massachusetts," of which the following is a summary: 1. There is no evidence that any but the tertian form of malarial fever can be propagated in Massachusetts. 2. The original source of tertian infection must be looked for in the blood of individuals coming from permanently infected localities in our own country and in southern Europe. 3. There is no definite information as to the stage of disease or relative immunity in which mosquitoes may become infected, but analogy with similar diseases of animal life indicate that the gametes are not formed early in the disease, and that relative immune persons are the most dangerous, especially after fresh exposure, because in them gametes form very promptly without causing much or any clinical disturbance. 4. The dissemination of infection is most easily promoted in our latitude when people live in a crowded condition, unprotected from mosquitoes and near breeding-places of anopheles. 5. The decline and disappearance of malaria after importation and epidemic prevalence is in part due to relative isolation of the inhabitants and protection by quinine and from mosquitoes, and in part to the absence of persons partially immunized by long exposure in endemic localities. 6. There is some evidence that sewage pollution in surface-waters favors mosquito larvæ directly, through increase in food-supply indirectly, by injuring their enemies. 7. Since malaria may be latent and hence unrecognized, and since it is largely a disease of the lower classes whose movements it is difficult to control, the best methods of reaching it is to suppress the mosquitoes whenever possible. 8. Malaria is of sufficient importance to become a notifiable disease. 9. Infants and children exposed should have their blood examined during any disturbance of health. 10. In times of epidemic malaria it may become necessary to make special regulations governing infected persons. 11. It is of great importance that the relation of the widely distributed species, anopheles punctipennis, to the parasite of tertian fever be accurately determined. 12. It is also highly desirable to test the infecting power of fresh cases of tertian fever, as compared with relapses and with individuals from malarial countries.—*The Boston Medical and Surgical Journal*, August 6, 1903.

William F. Baker, A.M., M.D.

**A CASE OF RECURRENT VARIOLOID RASH FOLLOWING VACCINATION.**—R. W. C. Pierce reports an interesting and very puzzling case of eruption following vaccination. The subject was a boy of 15, who was vaccinated on December 5, 1901, along with a large number of other boys in the same school. One other boy was vaccinated with lymph from the same tube, yet no other similar case developed. The vaccination was successful, and on returning home, on December 16th, he became ill with the mumps. On December 24th, or nineteen days after the vaccination, he had what was considered to be a typical attack of smallpox. He returned to school on February 22, 1902, quite well, but on March 4th became again ill, this time with what

was diagnosed by four experienced physicians as varioloid, because of the typical character and distribution of the lesions. By April 1st all of the pocks had "peeled" out, and he was discharged. As the boy had traveled about a good deal, and several cases of smallpox of unknown origin had appeared in neighboring towns, the possibility of exposure to infection could not be completely excluded. On the other hand, against the authority of this being varioloid, were the facts that he had been ill two months before with what was taken to be smallpox, and had been successfully vaccinated three months previously. Apparently, the two illnesses were identical. The case differed from the recorded ones of generalized vaccinia in that there was no recrudescence at or near the site of the original vesicles, and that the rash did not appear until nearly three weeks after vaccination. The behavior of the mother's vaccination points to an unusual family receptivity. The author suggests that the case may have an interesting bearing on the connection between variola and vaccinia.—*American Medicine*, August 8, 1903.

William F. Baker, A.M., M.D.

SOME FURTHER REMARKS AND QUERIES CONCERNING THE INFLUENCE OF ALTITUDE UPON HEART DISEASE.—Robert H. Babcock refers to his previously expressed opinion, that the effects of high altitude upon cardiac disease are to be attributed to the acceleration of the circulation incident to lowered atmospheric pressure, and then cites several cases to show that the subject is a more complex one. Theoretically, residence in high altitude should be contraindicated in mitral and aortic stenosis, yet in two or three of the cases narrated the patients were in better health in the mountains of Colorado than when at the sea level. The ease with which cardiac strain may be induced at high altitude is touched upon, and the conclusion is reached that a cardiopath going to a high altitude will incur no special risk if he will remain inactive until he becomes accustomed to his changed surroundings and his circulation has readjusted itself.—*New York Medical Journal*, August 8, 1903.

William F. Baker, A.M., M.D.

SURGICAL TREATMENT OF EARLY PULMONARY TUBERCULOSIS.—The formation of a joint to the first rib has, according to Freund, an important influence upon the healing process in some forms of phthisis. He has found that persons possessed of a free joint to their manubrium have invariably healthy apices. A joint to the first rib would in a yet greater measure contribute to the activity of the summit of the lung and prove most favorable. Freund recommends in cases of relapsing affection of the apex a division of the first costal cartilage, which he regards as a simple and harmless operation.

The respiratory advantage which is gained by a mobility of the sternal angle is pointed out by Rothschild. He suggests that this may be defective in those predisposed to phthisis, and he has recognized the relative absence of mobility in many subjects inheriting predisposition.—*Progressive Medicine*, September, 1903.

## MONTHLY RETROSPECT

### OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

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CONDUCTED BY O. S. HAINES, M.D.,

with the collaboration in German literature of C. Sigmund Raue, M.D.,  
and in French literature of Charles Platt, M.D.

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A SEXTET OF REMEDIES FOR THE OBSTETRICIAN.—The first is *Viburnum prunifolium*. It tones up the system and prevents those harassing, nervous symptoms that torment, wear down, and disqualify the pregnant woman for the parturient effort. It antidotes the effects of remedies given for their abortifacient action. It prevents abortion.

*Ustilago maidis* controls uterine hæmorrhages and induces uterine contractions, but not with the same promptness or vigor as ergot. It is pre-eminently the ergot of *chronic* uterine hæmorrhages and passive congestions. When, for many days, there has been a slow, but persistent, oozing of dark blood, with small, black coagula; when the examining finger is covered with a dark, semifluid blood; when the uterus is enlarged, the cervix tumid, the os partially dilated, but swollen and flabby, the *ustilago* will act with gratifying promptness.

*Phoradendron*.—The author refers to the oxytoxic effects of the mistletoe, as used by farmers, in the cases of domestic animals that fail “to clean themselves” after birth of young. It is useful after labor to produce, with certainty and promptness, normal uterine contractions. It can be used in any stage of the parturient act, even where ergot is not admissible. We presume the author is speaking of the *phoradendron flavescens*, the yellow mistletoe growing in the southern United States. This family is best known to us through its English representative, the *viscum album*. This latter remedy has given better results than ergot, in many cases of menorrhagia and hæmorrhage from the uterus. It acts promptly. In post-partum hæmorrhage the results of its administration have been no less satisfactory.

*Gossypium* causes and cures anorexia and nausea at the time of the menstrual return. It also cures morning vomiting, in the early months of pregnancy, with retching, tendency to fainting, soreness in uterine region. The symptoms appear upon waking on first raising the head; only a thick fluid and a bilious matter are ejected.

*Tanacetum*, by which we suppose the author means *tanacetum vulgare*,—the tansy,—will be found most useful in diseases of women, arising from disorder of the generative organs, accompanied by severe reflex spasmodic or cerebral symptoms.



*Cimicifuga Racemosa*.—After delivery, it may be used successfully for the purpose of inducing firm uterine contractions, expelling the placenta and checking post-partum flow when excessive. In atonic labors it seems effective. It need not be given in massive doses, however. Five or ten drops of the tincture, repeated frequently, will soon bring back or arouse the deficient uterine action. But, in the opposite state, a condition of hyperexcitation, in which the uterine contractions are powerful, yet spasmodic and painful, with cramps in the extremities and a tendency to convulsions, the remedy is primarily homœopathic, and we shall obtain the desired results from the 3d or 6th attenuations. After-pains are amenable to its influence. A suppression of the lochia, with uterine spasms, cramps in limbs, headache, and even delirium yield nicely to *cimicifuga*. After confinement, some women suffer much from bearing-down pains and partial prolapsus. In such cases *cimicifuga* often helps.—M. E. Douglass, M.D., in *American Medical Monthly*.

A HAY-FEVER REMEDY.—Dr. John V. Allen writes to the *Recorder* that he cures almost every case of hay-fever for which he prescribes *arundo mauritanica*. He thinks it effective in dilutions from tincture to the 200. Sneezing is violent, nose very red, itching, burning all through the inner nose. Eyes inflamed and watery, profuse lachrymation. A case of cure by this remedy is recorded in which the disease began with severe itching in palate and eyes. At this season it may be that opportunity will occur for verifying such suggestions.

THE PREPARATIONS OF MAGNESIA IN NEURASTHENIC CONDITIONS.—Dr. Robert T. Cooper shows us, by several well-reported cases in *Homœopathic World*, that several of the magnesia salts seem to exert a rehabilitating effect upon overstrained nerves, and are of signal benefit in certain phases of the neurasthenic state. Thus, magnesia carb. 200 was of the greatest benefit in the case of a stout, liverish lady of 70 years, who, upon a trip, was severely overtaxed by the illness of her attendant. Magnesia phos. 4 enabled another youngster of 70 to climb the Alps. Whenever fatigued, she took this remedy with much benefit. Again, magnesia carb. 200 enabled still another elderly woman to attend to her housework with less real fatigue than had been the case for years. Of course, these remarks are simply suggestive, but the hint embodied is worth noting.

A NEW FIELD FOR HOMŒOPATHIC PHYSICIANS.—According to a personal appeal made in London *Hom. World* for September, it would look as if Johannesburg, South Africa, was at the present time very much in need of good homœopathic physicians. Infantile dysentery carries off a large number of children every year, in spite of the regular treatment. It would seem as if some of our young men, who are waiting for something to turn up, might find it in Johannesburg. Homœopathic medicines are excellent—for children—you know.

EVERY MAN HIS OWN DOCTOR.—The *American Physician* sees in the growing tendency of the sick public to prescribe for themselves one of the natural effects of the likewise growing habit among physicians of ordering for their patients the preparations and combinations of the manufacturing chem-

ists. Thus is brought within the scope of the general knowledge of the public a smattering, supposed or real, of many of the remedies in common use. Such a method of prescribing for the sick should be avoided, if possible, by writing out medical formulas in detail. We venture to suggest that stronger measures than mere professional opinion should be brought to bear against those who supply potent drugs to the ignorant without the authority of a prescription.—*Amer. Phys.*

**THERAPEUTIC SUGGESTIONS.**—Dr. J. Ivimey Dowling, M.D., the distinguished O. et A. Chir., offers the following suggestions upon a few remedies which are in daily use:

*Pulsatilla* 3x.—For styes of either eye or either lid. It aborts 90 per cent. of cases if administered before suppuration. Hepar 6x is a serviceable complementary remedy.

*Calcarea picrata* 6x quickly relieves boils of the external ear, provided there is no persistent mechanical irritation.

*Eserin* 3x is valuable for the twitching of the eyelids, soreness of the eyeballs, dimness or blurring of vision after using eyes in reading, pains over eyes, in vertex or occiput; the keynote being *aggravation by use of eyes*.

*Sulphur* 3x is a grand remedy, and completes the cure of many a stubborn eye, ear, nose or throat affection. In blepharitis, when there is a moist, crusty condition of the lids.

*Baryta carb.* 2x is of proven value in those of the quinsy habit, if given before the onset of suppuration.

*Baryta iodid.* 3x is a most valuable remedy to use after the removal of adenoids; its use should be continued over a period of months.

An investigation of even these few remedies would lead the skeptic to further research.—*Journal of O., O. and L.*

**ACUTE PHLEGMONOUS DACRYOCYSTITIS.**—For this condition, in fact, for acute cellulitis anywhere, put 6 drops of compound tincture of iodine into a well-stoppered bottle with 6 ounces of water, and give a teaspoonful every hour in severe cases. Lengthen interval as improvement is manifested.—*Journal of O., O. and L.*

**THE CARDINAL PRINCIPLES OF HOMŒOPATHY.**—Dr. W. A. Burr, in *Progress*, the bright Denver journal, impresses upon us the importance of keeping in mind the seven cardinal principles of homœopathy. 1. The proving of drugs upon the *healthy*. 2. The great law of cure. 3. The increase in the medicinal value of drugs from trituration or attenuation (potentization). 4. The importance of the totality of symptoms in prescribing. 5. The use of one remedy at a time. 6. The cessation of the remedy when the curative process is well established. It would seem as if these self-evident truths needed no defence nor substantiating arguments.

**OTOSCLEROSIS.**—Dr. Perry Dickie had a valuable paper upon this subject in the *Homœopathic E., E. and T. Journal* for September. The author said that in every branch of the domain of medicine we find its especial complaint beset with greater obstacles than that of the others, in our efforts to combat its evil tendencies. In the special field of the otologist, otosclerosis can lay claim in every way to filling the bill in these particulars. The writer claims

that in this condition uric acid, retained in the system, is the primary causative factor. When this uric acid diathesis has been overcome by eliminants, followed by the proper diet and mode of life, then our remedies may do good. *Hydrastis canadensis*, 1-3 drops, three times daily, has proved itself a great remedy, both in the incipient and early stages, and as a prophylactic to the extension of the morbid process. It seems to have the power of increasing the hearing power and, at times, will relieve the tinnitus. *Hecla lava 3x* is also mentioned as a promising remedy for study.

**RAG-WEED FOR RHUS POISONING.**—Dr. J. A. G. Sample has been using a strong decoction of the ambrosia trifida, commonly called "rag-weed," during the past seven years, and claims that it relieves very promptly. He ascribes specific virtues to it. The fluid extract may now be obtained, although up to within a year no such preparation was manufactured. Those who are called upon to treat aggravated cases of rhus poisoning will appreciate any suggestions of this kind.—*Medical World*.

**POISONING BY COAL-OIL.**—An infant, aged 16 months, drank 8 ounces of refined oil at nine o'clock A.M. Within an hour the child fell into a deep sleep, from which the parents were unable to awaken him. Skin cold and bluish in color. Pupils dilated. Pulse rapid and very weak, could not be counted. Breathing short and described as panting. Four hours later child awoke, with high temperature and nervousness. Muscles twitched as if convulsions would occur. Tongue heavily coated and white. Abdomen very tympanitic, tender to touch and constipated. Under proper treatment the child recovered. Copious enemas had been used, and the resulting admixture of feces, oil and water, after standing for a time, could be ignited and burned with the characteristic flame of coal-oil.—*Medical World*.

**CLINICAL USE OF TUBERCULINUM KOCHI.**—In *Medical Century* may be found a translation from *Zeitschrift des Berliner*, by P. W. Shedd, upon this subject. The preparation used was prepared as follows: A c.cm. of fresh tuberculinum kochi, mixed with 9 c.cm. of 96-per-cent. alcohol, was potentized to the 6x and 7x dilutions. The results obtained from this remedy were remarkable. Briefly summarized, the observer obtained: 1. Extraordinarily prompt disappearance of night sweats. 2. Lowered P.M. temperature. 3. Marked increase in appetite. 4. Increase in weight. 5. Corresponding improvement in the local lesions. A frequent complement of tuberculinum is bryonia alba.

**TREATMENT IN CYSTITIS.**—After referring to the judicious use of local measures in this troublesome complaint, Dr. Evelyn S. Pettit-Roberts mentions the following remedies as those which she has found particularly efficacious. *Equisetum hyemale*, in the newly married. *Arnica*, when there is soreness throughout the lower abdominal regions, associated with difficulty in urination. *Berberis vulgaris*, when the back aches as if it would break. *Mercurius cor.*, when the kidneys are implicated and there is much pus in the urine. *Petroselinum*, when the urging to urinate is very sudden, and where there is a history of neglect in attending to the calls of nature. *Ferrum phos.*, when cystitis and dysuria has been produced by standing.—*Cleveland Medical and Surgical Rep.*



**TREATMENT OF X-RAY DERMATITIS.**—Dr. William H. Diffenbach says that the 3x dilution of cantharis, dropped on the affected parts, or applied by means of moistened gauze, acts very quickly in alleviating the pain. Lano-line is reported to be an excellent preparation for local uses in this class of cases, although Dr. Diffenbach has usually found antiphlogistine effective.—*N. A. Journal of Homœopathy.*

**NOTES ON BELLADONNA.**—The eleventh paper by Walter Sands Mills, M.D., upon the "Homœopathic Materia Medica," concerned the well-known belladonna. *Apropos* of the dose found most effective, the author says that for several years, he had used the mother-tincture in his practice, but now he uses the third centesimal dilution. This change is the result of experience. Dr. Mills has frequently observed that after a prescription of belladonna the temperature rises, and he has come to regard the drug as the cause. When he finds that the temperature is going up, after prescribing belladonna, he stops the remedy and gives placebo; then the temperature comes down. The only drug that has actually caused a rise of temperature has been belladonna. If too long continued, belladonna will actually aggravate a case. It must be judiciously stopped at the proper moment.—*N. A. Journal of Homœopathy.*

**ALLIUM CEPA.**—We all know what a flatulent vegetable the onion is. It is a wonderful remedy for the colics of babies. Dr. Kent, in an interesting study of this drug, in *Medical Advance*, gives us the indicating symptoms in the complaint above mentioned. Cutting, rending, tearing pains, drawing the child almost double. Screaming from violent cutting in lower abdomen. Stitching pains in the abdomen. Colicky pains beginning in the hepatic region and spreading over the whole abdomen, worse around the navel; worse when sitting. Wind colics. *Allium cepa* is a wonderful remedy in whooping-cough also. When it is indicated, the child will often have indigestion, vomiting and flatulence; will pass offensive flatus; will be doubled up with colic.

**THE PREVENTION OF CRACKED NIPPLES.**—Dr. Chandler Weaver says that the simple application of *cool* water to the *nipples*, after each nursing, will, by lessening congestion caused by sucking, prevent cracking, or will abort the process if it has commenced. A bit of gauze dipped in cool water and wrapped about the nipple only, repeated once or twice after each nursing.

**TWO REMEDIES IN CROUP AND PERTUSSIS.**—Dr. O. Edward Janney reports that during the past winter and spring there have been many cases of whooping-cough among the children and adults of Baltimore. He found that *coccus cacti* 2x on tablets, given every two hours, invariably shortened the attack and made the symptoms milder. This remedy has long been a favorite with many physicians. We cannot see how anyone can claim that it is useless to medicate pertussis. In our experience it is a disease that behaves nicely under the proper sort of medication. Dr. Janney also remarks that *croup*, and he includes even membranous croup, has lost much of its terror for him, since he began to use the aceted tincture of *sanguinaria* for its relief. Some of our readers may care to try this suggestion, and for those a descrip-

tion of the preparation of the remedy may not be amiss. To 6 drachms of the tincture of sanguinaria add 2 drachms of vinegar. After standing a few days a sediment falls. This, however, does not impair the efficacy of the preparation. Mix a teaspoonful or less in a glass of water, and add, also, a heaping teaspoonful of sugar. Of this mixture, the dose may be a teaspoonful given every fifteen minutes, or as often as needful. The provings of sanguinaria show that its pathogenesis contains many symptoms analogous to the symptoms of croup. The vinegar alone has been several times an effective remedy in some serious cases that we have treated. Dr. Janney is strongly of the opinion that membranous cases of croup do occur, quite distinct from any diphtheritic infection. He uses the remedy both in the croup with membrane and in the acute laryngitis without membrane.—*American Medical Monthly.*

PISCIDIA IN WHOOPING-COUGH.—Dr. Frank V. Horne, of Detroit, reports unusual success with this remedy in the treatment of pertussis. He prescribes from 5 drops to 1 drachm of the fluid extract, at intervals of from three to five hours. He has the records of seventeen children and five adults treated with this remedy. The adult cases had reached the stage of distinct whooping and had very severe paroxysms of coughing. Nevertheless, this remedy quickly stopped the whooping and terminated the cases within a fortnight. If administered early in the course of the disease, the doctor believes the spasmodic features and the whooping may be held in abeyance or altogether prevented, in the majority of instances. The average dosage in children varied from 5 to 8 drops.

THE ADULT FORM OF MYXŒDEMA AND THE THYROID TREATMENT.—It is to be hoped that everyone will read the excellent article of Dr. J. Roberson Day, in June *Monthly Homœopathic Review*. Dealing, as it does, with clinical facts of great value brought out in his bedside experiences, it is an article of real value to every physician. During the course of this paper, the author refers to his success with small doses of thyroid extract in several cases of the adult form of myxœdema. He also proves the value of this remedy in a number of well-marked cases of cretinism. A governess, aged 27 years, had been in a state of ill-health for six months. Her hands were painful, thick and clumsy, so that she could not button her clothing. She was unable to sew, and was awkward in writing. The legs felt heavy and were dragged about. Her features were puffy and characteristic of the disease. This patient received  $\frac{1}{4}$ -grain doses of thyroid extract, until she was taking 6 grains per day. Within a few months, she had recovered her ability to do fine work with her hands, and looked *much younger*. She had also lost considerable in weight. This patient made an excellent recovery under the remedy. Another case, more remarkable than the one just referred to, was a Miss K., aged 43 years. For five or six years she had been reduced to a life of invalidism. She suffered from chronic dyspepsia, anæmia and great dyspnœa upon exertion. She had a peculiar thickness of speech, which attracted attention, and her face was puffy about the eyes. The anæmia, however, had been the feature of this case that had especially attracted the attention of her previous medical attendants. A diagnosis of pernicious anæmia had been made and arsenic had been administered, with disastrous consequences. Dr. Watkins

made a careful examination of the blood of this case and established the fact that her anæmia was *not* pernicious. Then Dr. Day placed the patient upon  $\frac{1}{10}$ -grain doses of thyroid extract, until she was taking 4 grains a day. The greatest improvement was soon manifested, and the author expects a perfect recovery.

VACCINATION.—Dr. W. C. Cooper (*Medical Gleaner*) thinks the question, as to whether vaccination really does protect against smallpox, is still a debatable one. Whether the disagreement among doctors upon this subject depends upon the indefiniteness of vaccine results, or upon the interpeculiarities of extreme radicalism and conservatism, he does not know. At all events we are not going to solve the problem by pooh-poohing the objectors. The anti-vaccinationists are not all cranks; many of them are intelligent, reasonable men. It is time that this important subject was handled in a more scientific, reasonable and manly manner by the profession. And, by the way, it might be as well for the profession to look a little more closely into the matter of vaccine virus just at this time. It is established that municipal disinfection will go a long ways towards ridding a city of the disease. Would it not be as well to carry out this preventive measure more thoroughly, while we are awaiting the solution of the vexed problems? Does vaccination protect? and which is the best vaccine virus?

CARDIAC DILATATION RELIEVED BY PHOSPHORUS.—Dr. William I. Tomlinson has reported to us an interesting case of cardiac dilatation, in which much benefit followed the prescription of phosphorus. The patient, a cab driver, aged 49 years, had for three weeks a dry cough which was much worse at night. His breathing, always labored, and very difficult when lying, or upon any slight exertion. It was necessary to prop him up with pillows, else he could not breathe at night. A dull frontal headache was aggravated by the cough. This man had delirium at night. He tried to escape from imaginary pursuers. Appetite and thirst were diminished. His pulse was irregular, could not be counted at times. There was œdema of lower limbs and also of abdominal walls as high as umbilicus. The apex-beat of heart could not be located. The first sound of heart was weak and short, lacking muscular quality. The second sound could hardly be made out. He passed 4 ounces of urine daily, depositing a dark-red sediment. Dr. Tomlinson's first impulse was to give a diuretic. He chose digitalis in infusion. Six days use of this medicine was followed by but slight improvement in the dyspnœa or amount of dropsy, although the daily excretion of urine rose to 64 ounces. No effect upon delirium was noticeable. The man became cyanosed. Dizziness was troublesome and œdema increased. At this juncture the doctor prescribed phosphorus. After one week's use of this remedy the cough ceased, the delirium disappeared, the œdema gradually lessened and the urine rose to 96 ounces a day. The pulse improved and appetite returned. Placebo was prescribed for two weeks, improvement continuing. Then phosphorus was given for three days, followed by placebo once more. This patient has increased in weight, can lie comfortably, has a distinct, strong, yet irregular, pulse, does not suffer from dyspnœa or palpitation. The first sound is now much longer and stronger. This is the sort of prescribing that we recom-



mend to our junior brethren. It looks as if phosphorus was a powerful assistant to Nature in restoring the lost compensation. The similar remedy always assists Nature.

**SANTONINE IN NEURALGIAS.**—Santonine was recommended in 1901 by M. Negro as a valuable remedy for the relief of tabetic pains. Arguing along the same lines as Ehrlich, who had advised methylene blue in neuralgia, because of its selective coloring affinity for the axis cylinder, Negro considered that the yellow selective stain of santonine might indicate a similar analgesic capability. In eleven cases of tabes eight had complete relief from their pains, two had partial relief and one only proved entirely refractory. Combemale and Chabert (of Lille) have also had success with santonine, a single daily dose of 15 centigrams ( $2\frac{1}{2}$  gr.) relieving the majority of cases, while others experienced relief with smaller doses of from 5 to 10 centigrams ( $\frac{2}{3}$  gr. to  $1\frac{2}{3}$  gr.).

As a result of these satisfactory findings an attempt was made to generalize with santonine, using the drug in sciatica and in intercostal neuralgia. The result of sixteen such tests has led to the decision that santonine is here absolutely of no value.—*L'Art Medical*, April, 1903, from the *Gazette des Hopitaux*.

**A COLCHICINE FATALITY.**—Colchicine has become so popular a remedy in the treatment of rheumatism and gout that it is interesting to know that a maximum medicinal dose may be followed by serious—the most serious results. The following case reported to the *Societe Medicale des Hopitaux* is instructive.

A wine merchant, 43 years of age, with fair history as regards health, though a heavy drinker up to three years ago, when an interstitial nephritis had been discovered, had suffered recently from gout. During his last attack his physician had prescribed 8 capsules of colchicine per day, each capsule containing a quarter of a milligram (approximately,  $\frac{1}{240}$  gr.) of colchicine and 20 centigrams ( $\frac{1}{3}$  gr.) of methyl salicylate. As patients will do, to expedite his cure he took in one hour's time 12 of these capsules. This was in the evening. He fell into a sound sleep, possibly a coma, waking in the morning in a state of extreme prostration and vomiting blood-stained mucus. There was no pain either in head or abdomen. The stools were black with blood and the urine red from the same cause, but during the five days of malaise and torpor, which elapsed before the patient entered the hospital, there was at no time the diarrhœa or purging that might have been expected. The patient died on the tenth day after having shown some slight change for the better on the ninth.

Three milligrams of colchicine, only about  $\frac{1}{240}$  gr., had apparently caused death, but in this case, of course, the pre-existing nephritis must be remembered. The autopsy revealed a general visceral congestion, especially marked in stomach and intestines, with bloody extravasations and a double nephritis, the left kidney cystic and reduced to a mere shell, the right kidney not much better. Colchicine had been found in the urine up to the tenth day, the day of death, and here we have the explanation of the slow elimination.

Let us be sure of our patients' kidneys before we venture to use any of these pretty colchicine pearls, or even the stronger alcoholic solutions of this valuable alkaloid.

# THE HAHNEMANNIAN MONTHLY.

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NOVEMBER, 1903.

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## WHAT IS INSANITY?

BY WESTON D. BAYLEY, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of Germantown, September 21, 1903.)

ON first consideration, this might appear a very simple question, capable of a direct and satisfactory answer, for are not all of us more or less familiar with cases presenting the various symptoms of mental disease? Has not the time and labor of many eminent workers been expended in this particular field? Are there not text-books innumerable, many of most recent date, devoted to this special branch of medicine?

All this is perfectly true; yet, paradoxically, the writer, after much attention to this subject, has come to a state of mind which is much like the celebrated symptom in the pathogenesis of oxalic acid, "the more he thinks about it the worse he gets!"

What is insanity? If we will take from the shelf any of our great text-books, and seek therein a specific answer to this specific question, our search will be a long one. The present day status of our knowledge of mental disease is that of pure empiricism, just as it was in the days of Hippocrates, only with much added detail. There are lengthy and accurate descriptions of the symptoms of the various forms of insanity; there are painstaking efforts to trace these symptoms to their supposed causes; there is vast and delicate research in cerebral micro-pathology; all these being isolated observations of great

value, but not in the least co-ordinated into a science of morbid mind.

"The difficulty of precisely defining the nature of insanity, or of saying precisely what insanity is, has been recognized not only by every writer on the subject, but by all those who have had to deal practically with the insane."\*

"Classification, like definition, is a very unprofitable occupation, and many fruitless labors have been expended in trying to reduce the manifestations of insanity to a systematic arrangement."†

". . . our nomenclature for the deviations from normal mentalization is as yet unscientific and incomplete, and must one of these days be revised. . . ."‡

Brower and Bannister,§ after attempting a definition, say apologetically in the next paragraph, that a "satisfactory definition of insanity is an impossibility. . . . The difficulty in defining insanity lies, in the first place, that it is a negative proposition, the prefix *in* making it so. . . . Insanity is opposed to sanity. In order to define insanity it is necessary, first, to determine the standard of sanity. . . . There are no hard and fast lines separating sanity from insanity."

"It would certainly be vastly convenient and would save a world of trouble, if it were possible to draw a hard and fast line, and to declare that all persons who were on one side of it must be sane, and that all persons who were on the other side of it must be insane. But a very little consideration will show how vain it is to attempt to make such a division."||

Bevan Lewis, whose splendid book is largely devoted to micro-pathological considerations, makes no attempt to define insanity.

Regis, after deploring all definitions hitherto attempted as "very imperfect," ventures one of his own, "that insanity is a special disease, is a form of alienation characterized by the accidental unconscious, and more or less permanent, disturbance of the reason!" Should we ask him what is this "dis-

\* Mercier, "Sanity and Insanity," p. 97.

† Campbell Clark, "Manual of Mental Disease," p. 99.

‡ Clouston, "Mental Diseases," p. 7.

§ "Practical Manual of Insanity."

|| Maudsley, "Responsibility in Mental Disease," p. 41.



turbance of the reason " he would doubtless despairingly reply, why it is insanity, of course!

Kellogg,\* in referring to the future possibility of making a pathological classification, says, "Mental diseases will then be scientifically grouped and causatively understood, but they will not be philosophically explained, for the intimate relation between anatomical structure and physiological function will still be a mystery. The absolute nature of mind, like that of life, will always be beyond the ken of mortal man."

"But so long as we are not even able to explain the mental processes in the healthy nervous-system, the attempt to circumscribe its abnormalities within a natural system will be unsuccessful."†

"It may be safely asserted that, in the present state of our knowledge, it is impossible to frame a definition of insanity which, while it meets the practical everyday requirement, is constructed on scientific principles."‡ This author further adds in a footnote that "none of the most recent German writers attempt to give a definition of insanity."

". . . But the disorder which we call insanity is a mystery not yet unravelled. Can we define it?

" 'To define true madness

What is 't but to be nothing else than mad.'

"In truth, its inscrutable appearance, without assignable cause, in a man hitherto sane, and its no less inscrutable departure, are things which we must confess are not yet explicable by human knowledge."§

The views of these writers, and many others who could be similarly quoted, are thus of one accord in declaring that at the present time, while we have much clinical information regarding mental disease, its real nature is a profound mystery.

Nor is this to be regarded as strange with reference to morbid mental manifestations when we find the same ignorance prevailing in the field of study of the normal mind; ignorance which has been well expressed by Prof. James, who says that

\* "Mental Diseases," p. 34.

† Kirchhoff, "Handbook of Insanity," p. 183.

‡ Spitzka, "Manual of Insanity," p. 18.

§ Blandford, "Insanity and its Treatment."

"Psychology is but a string of raw facts, a little gossip and wrangle about opinions, a little classification and generalization on the mere descriptive level, a strong prejudice that we *have* states of mind, and that our brain conditions them; but not a single law in the sense in which physics shows us laws. At present, psychology is in the condition of physics before Galileo and the laws of motion, or of chemistry before Lavoisier."\*

In other words, we are at present very much in the dark both as to the nature of normal mind and as to the real mechanism of the morbid conditions which it manifests in what we call insanity.

It is not with any hope of lifting the veil that the present essay is undertaken, but we can sometimes solicit fresh help if we first make known our poverty; or by the mere contemplation of our scant pittance we may develop new and unexpected ways of placing it out at an advanced rate of interest.

Moreover, there are some considerations with regard to mental phenomena which, in the opinion of the writer, have not been carried far enough into the precincts of mental disease and there interpreted in their full significance. As a profession, we are pre-eminently practical, and through press of time relegate much of the philosophical side of our work even to outsiders,† unless, or until, it presents distinctively clinical values. This attitude is not only expressed in the selection of our daily reading, but also in the character of most of the papers read before medical bodies. My apology for departing, in this essay, from the sterner paths of applied medicine is simply the earnest desire to add something, if only a brick or two, to that great building whose foundations appear at present to be sunk in the mud and whose turrets are hidden by the clouds. We who individually work over these psychical problems feel that while the light of a single glow-worm may serve only to attract attention, the light of a thousand might illuminate a dungeon.

In all ordinary thinking, the word "mind" is accepted as co-extensive with the term "consciousness." In other words, all there is of "mind" is that of which we are conscious. The

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\* William James, "Principles of Psychology," vol. i., p. 468.

† *E.g.*, the valuable contributions to mental science by members of the Society for Psychical Research.

mental part of me, of which I am immediately aware, constitutes my "mind."

A very little reflection, however, will cast this tacitly accepted view into much doubt; a careful study of the facts at our disposal will show that it is totally erroneous.

An act so apparently simple as recollection suggests that there are mental states outside of present consciousness which are to be "recalled." Have these "states" meanwhile become non-existent? Obviously not; since if they were non-existent they could not be recalled, while the fact is they commonly are. Were this all, we might be compelled to accept that difficult-to-conceive brain store-house theory of memory. But there are on record many cases where an idea not only re-presents itself into consciousness, but it does so with new things added to it; thus we have instances of problems vainly worked over and given up in conscious moments suddenly reappearing into consciousness with their full and satisfactory solution, clearly indicating that intelligence has been at work somewhere in our mind without our being ordinarily cognizant of it. There are some very striking instances (*e.g.*, the case of Prof. Hilprecht\*) where similar solutions of difficult problems were presented in dream states.

A study of dreams shows them to be made up of a kind of mental activity quite different from that of the waking state. For instance, there is often a vanishing of the time element required for ordinary thought, as in the case of dreams which represented perhaps years of time and dealt with much detail, having occurred in but a moment of sleep. This same peculiarity has often been noted in the unconsciousness of drowning.

Another unique feature of dream consciousness is what has been termed the "dramatic sundering," a condition which I can most briefly illustrate by an example. I dream that it is exhibition day in school. The august school board and other visitors occupy the platform; all around is suppressed excitement and expectancy. The teacher calls on me to give him the cube root of 86,482. There is a hush, all eyes are upon

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\* Prof. W. R. Newbold, "Subconscious Reasoning," *Proc. So. Psychological Research*, vol. xii.



me. What a moment of agony! I am conscious of a despairing effort, a "racking of my brain," so to speak, for the solution; as I mumble something I can feel the hot flushes mantling my cheek; but I cannot answer, and return to my seat in much confusion. John Smith is called upon, he rises triumphantly, immediately gives the correct solution and sits down, amidst the applause of the whole assembly.

In this dream, which is of a very common type, note that my own mind has to represent all of the actors in it. Why was I in such ignorance and anguish as myself, and yet instantly knew the problem and answer as John Smith?

We have very strong evidence that the dream consciousness can at times develop faculties totally foreign to the waking consciousness, as shown by the finding of lost articles and by other extranormal knowledge obtained in dream, and subsequently verified in the waking state.

In what are called "hypnotic conditions," we have, with the disappearance of ordinary consciousness, a disclosure of one or many stages of "hypnotic personality," each sometimes possessing its separate train of memory. In this, with the ordinary consciousness—the "empirical self"—quite obliterated, we find depths to our mental being of which the waking self is totally unaware, and which has capacities completely beyond the power of ordinary consciousness. In the "hypnotic trance" we come into a realm of individuality quite distinct and different from that of the "waking self," and yet obviously a part of it.

While it is not our intention to here discuss the mental phenomena of the so-called "hypnotic state," it is part of our purpose to merely mention some of the facts in our possession concerning it, and which are not disputed by anyone familiar with this line of study. More especially do we wish to show the differences by contrast, between the "waking" and the "hypnotic" consciousness. The trance consciousness is fully cognizant of the events of the ordinary waking state; while the waking state retains no remembrance, or, but very fragmentary recollection of the hypnotic state. The trance consciousness appears to have very definite control not only over the ordinary waking consciousness, but over the bodily and organic functions as well, as in the development of flesh marks

or "stigmata" and the like. Hypnotic memory is usually more extensive than the memory of ordinary consciousness, and the hypnotized subject frequently accomplishes intellectual feats quite impossible to his ordinary powers. Not only is there this difference quantitatively, but instances are not uncommon which show qualitative differences as well, notably in those perplexing cases wherein the trance consciousness exhibits extrasensuous knowledge of things distant, both in space and time.

These singular mental phenomena, which have thus been observed in hypnotic experimentation, also crop out spontaneously in certain morbid conditions of the nervous-system. In so-called "psychical epilepsy," there is a brief disappearance of normal consciousness, with meanwhile a continuation of purposive action. Somnambulism is another instance of this, and here the motor abilities are usually much enhanced over the normal.

Differing in degree from these, but not in kind, are the cases of alternating personality occasionally met with. In these, the ordinary consciousness is replaced or succeeded by one or several separate individualities, each possessing its own characteristic traits, each usually having its distinctive memory and degree of intelligence.

It will now be seen that this brief consideration of the peculiarities of the mental phenomena observed in ordinary sleep, hypnotic sleep, and in certain of the neuroses, was here undertaken to show that the conscious self is but a small segment of the sphere of individuality; and that there are depths of mentality and intelligence which rarely or never rise *en bloc* into our ordinary conscious life.

Besides these aspects of the subconscious mind,\* it must be remembered that some controlling influence, of a purely mental character, *must* be present to co-ordinate all of the highly complex functions of the body and its ultimate physiologically-acting parts into one harmonious whole; and such influence must not only represent a degree and kind of intelligence not possible to the conscious mind, but have, in addition, the unique

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\* This term is employed descriptively as the least objectionable of those suggested.

faculty of operating continuously during the whole lifetime of the organism.

In my essential being, I am a composite of many mental activities, consciousness being latent throughout most of the series. Present consciousness is an "awakened spot" in this latency, corresponding with the point of contact, so to speak, with the present physical environment of sense impressions; such an awakening and such a latency being essential to orderly physico-mental adaptivity.

Such a limitation of consciousness would be a necessary factor in evolution and progress, for without it, things once learned could not sink out of present awareness, and there would be no opportunity for attention to new experiences.

In the complex workings of the normal mentality there is constant interchange between the conscious and the subconscious elements of mind. There is an orderly "welling up" into ordinary consciousness of subconscious memories and apperceptions which are, however, at once co-ordinated in the normal adaptation of the conscious mind to its immediate environment.

If such is the nature of conscious mentation, and all recent research strengthens and confirms the accuracy of this view, it will, perhaps, be possible for us to obtain considerable insight into the real nature of morbid mental phenomena. We are already familiar with the experimental injection into consciousness of dominating ideas such as takes place in post-hypnotic suggestion. These products of hypnotic experiment are very closely akin to the phenomena of hysteria on the one hand, and of "obsessions" or imperative ideas on the other. Morbid fears or "phobias" probably owe their development to some accidental experience which has operated much as hypnotic suggestion would operate, or else are due to an inherited instability which permits of the projection into consciousness of some unassimilable notion which, while persisting, is not amenable to conscious reasoning, and therefore not subject to conscious control. It is only a step from 'phobia to monomania, and the mechanism of a delusion is obviously the same as the mechanism of an unfounded and dominating fear. Whether these morbid conditions are primarily psychic or due to unusual motility of neurons, or to actual intracellular



changes, I do not know. It is a fact, however, that the phobias at least are only amenable to psycho-therapeutic treatment, and that being the case, if we assume a primary brain change, we must also posit psychical treatment as having definite and often immediate physical effect on the neuron.

Our thesis then, is, 1. That the workday consciousness only illuminates a portion of the individual mind, that portion which is closely associated with the channels of special sense. 2. That the greater part of the individual mind is subconscious, where it possesses qualities of a distinct character. 3. That an orderly marshalling of the perceptions received through the channels of special sense and the thoughts, ideas and emotions flowing into a field of consciousness from the subconscious, constitutes the condition of "sanity." 4. That any disturbance of the threshold of consciousness, by which dream-like, irrelevant and unassimilable fragments of subconscious faculty are thrust into consciousness and there remain irreducible by reason or experience; or, on the other hand, where fragmented elements of conscious mind sink more or less permanently into subconscious depths, we have the conditions familiar to us under the generic term insanity.

The author has thus endeavored to state, in the barest outline necessitated by the time limit of an evening's essay, his views of the real genesis of insanity, and, inferentially, to indicate the lines which future research will follow. Continued study of the newer developments in the several departments of normal and morbid psychology leads him to still adhere to a tentative definition of insanity which he formulated seven or eight years ago, and which is:

Insanity is a disturbance of the psycho-physical threshold of empirical consciousness, by which subliminal faculties, often fragmentary, are abnormally projected into the stream of ordinary consciousness and remain there inco-ordinated; or, conversely, in which some of the elements of empiric consciousness sink into subliminal existence.

## THE RELATION OF EMPIRICISM TO HOMŒOPATHY.

BY ALFRED WANSTALL, M.D., BALTIMORE, MD.

(Read before the Maryland State Homœopathic Medical Society, May, 1903.)

THE word "empiricism" means "medical practice founded on experience." It is used almost exclusively in connection with the dominant school of medicine; in homœopathy, owing to its supposed law of cure, the word is seldom used, and then rather as a term of opprobrium, its place being taken by the phrase "clinical symptom." The word or phrase used to express an idea has much to do with its acceptance or rejection, and the word "empiricism," in lieu of the phrase "clinical symptom," is not always well received in homœopathic society. I will state once for all that I see no fundamental distinction between the word "empiricism" and the phrase "clinical symptom," and that I purposely use the former in order to emphasize it.

The fundamental requirement for the existence of a law of cure, in the sense of a natural law, should be that it is always operative under like conditions, that these conditions can be reproduced at will, and that the apparent limitations to its operation are definable exceptions, themselves the subject of law. That homœopathic remedies do not always act when they are apparently indicated, and under conditions and circumstances when they would be expected to act, and that they often do act when apparently not indicated, and under conditions and circumstances when they would not be expected to act, is, I think in the main, uncontrovertible.

The question naturally arises whether the pure pathogenetic symptoms of drugs are in themselves reliable and sufficient guides for the selection of remedies in any given case of disease? or, in other words, do they fulfil the requirements of the theory of a homœopathic law of cure? If the law exists they should fulfil its requirements, if it does not exist we should expect to find such conditions in connection with its practical application as actually do exist. We find, in the first place,

that fairly well-proven remedies have accumulated many clinical symptoms, clinical deductions and clinical generalities; in the second place, many remedies which have never been proven have been largely developed along homœopathic lines by methods purely empirical, and have acquired a respectable symptomatology; and, thirdly, therapeutic results wrought by substances, properly speaking, not drugs are often included as homœopathic. It is these facts, and the total absence of any definable limits to its action, which throw doubt upon the existence of a homœopathic law of cure.

The only attempt to define the limitations of homœopathy, with which I am familiar, is that of Charles S. Mack, M.D. I quote it here not on account of its importance, but because it touches upon the relation of empiricism to homœopathy. "The particular cure of which *similia similibus curantur* is the law is an immediate transformation from abnormal to normal (or approximately normal) in vital processes; when processes have become normal so will their effects. The particular cure of which *similia similibus curantur* is the law transcends the possibilities of rational medicine or intelligently-practiced empiricism; for in either of these practices one must have in view an immediate end, in itself knowable, as vital processes and changes in them are not; they are known only in their effects.

"The cure above described can be effected only under the law of similars, and under this law no other cure can be wrought."

The foregoing definition implies that there are other cures to be wrought, which are (something else or) more than abnormal vital processes, and which can be wrought only indirectly, and this by rational medicine or intelligently-practiced empiricism, and are impossible for the law of similars.

I will not analyze it further than to say, if I understand it, it makes the "law" omnipotent in a pre-pathologic stage of disease, or in a stage of abnormal or diseased physiology, and absolutely excludes it from a so-called pathologic stage, or when disease becomes, so to speak, an entity. It is only necessary to say that the division of diseases into functional and organic, into abnormal vital processes and pathological entities, is purely arbitrary. In all probability there is no such thing, strictly speaking, as a functional disease, or a functional stage



of an organic disease; some structural or chemical change probably underlies every diseased manifestation, or the earliest manifestation of disease; the distinction which we make between functional and organic disease is only one of degree, and not of kind. I suspect that I do not fully understand this definition, as I am unable to supply in my own mind the only evidence which will make it clear, namely, well defined, theoretical, clinical examples, and these have never been formulated by its author, so far as I know.

That the principle on which homœopathy is based has any limitations, or that there are diseases or manifestations of diseases in which it may not be applied, cannot be asserted; at the same time, within these wide limits of application, there are no laws, rules or formulæ according to which its effectiveness or want of effectiveness can be predicted or explained; and the practical application at the bedside becomes the supreme and deciding factor. That the principle of similars is universal in its application, but is not universal in its results, is due in the first place to the negative character of the idea of what constitutes a similarity, and in the second place to the absence of a definite natural relation between the manifestations of drugs and the manifestations of diseases. Homœopathy does not differ from other methods of drug therapeutics, nor does it exclude the others, as to kind of results, or method of obtaining them so far as relates to their qualities, except such as may reside in the generally used smaller quantity of medicine, and the systematic use of the principle of similia, in which resides no specific virtue save its wide applicability. The same drug, however given, according to whatever principle, in whatever form or quantity, and for whatever purpose, always acts in the same qualitative way, whatever the quantitative difference may be. If homœopathic drugs produce and cure by artificial disease, all drugs produce and cure by them as far as they are curative, and in intensity proportional to the quantities administered.

The absence of a definite natural relation between the manifestations of drugs and the manifestations of diseases seems to be as difficult to recognize theoretically as it is impossible to demonstrate practically. Dr. E. M. Howard (the *HAHNEMANNIAN*, April, 1903), writing on "Large and Small Doses," says:

"The chain of drug-symptoms must be, theoretically, and often is, really, a complete one, though in our observations we may meet it only in some of its links or stages. It would seem, however, that by varying the size of the dose we ought to be able, theoretically, to produce at will, and as an immediate effect, any stage of the drug-disturbing process.

"This theoretical idea has a most practical bearing, since, if it can be shown to be a truth, it will take us a long stride toward the solution of that great enigma,—homœopathic dosage. Granting the possibility of producing any given state of drug disease, the prescription of medicine would become an accurate scientific proposition; for in place of any form of symptom matching, an accurate estimate of the exact stage of the disease pathology would be demanded, and the selection for that condition not only of the drug producing it, but also the approximate dosage necessary to cause a similar stage of the perverted physiology."

He goes on to say: "If there be any such law governing our dosage, let me suggest that it be expressed in the same identical terms that we now use for the selection of the remedy. *Similia similibus curantur* would express the fact that such dosage must be approximately similia to that which will produce the stage of the diseased pathology presenting.

In relation to Dr. Howard's own view that "drug action sets up a continuous chain of symptoms, whose apparent contradictory effects are but the natural results of disturbed physiological processes," the idea of producing any given stage of the drug disease by the size of the dose, is strangely at variance, inasmuch as the relation of the size of the dose to the stage of the drug disease can only be relative, a thing of degree, not of kind; stranger yet, and still more visionary, is the idea that it shall determine the size of the dose in treating natural disease, and even substituting it for the ordinary indications, if I understand him aright, as if there was some similarity or relation between the amount of a drug necessary to produce a special stage of a so-called drug disease or a set of symptoms, and the amount of a natural disease, or the stage of it, necessary to produce a similar set of symptoms.

This failure to keep separate in the mind two things fundamentally different and wholly, in a natural sense, unrelated is

seen everywhere in homœopathic literature. It is seen in the following comparison of stramonium, belladonna and hyoscyamus, from a lecture on "Stramonium," by E. B. Nash, M.D., published in the *Chironian* for March, 1903 :

"*Stramonium* is the most *loquacious* (lach., lachnt.).

"*Hyoscyamus* is the most *stupid* (opium, lach.).

"*Belladonna* has the most throbbing of carotids (glonoine).

"*Stramonium*, throws herself about, jerking head up from pillow.

"*Hyoscyamus*, twitches, jerks, picks and reaches, otherwise lying pretty still.

"*Belladonna*, starts and jumps, especially when falling into sleep.

"*Belladonna* and *stramonium* have protruding eyes.

"*Belladonna* and *hyoscyamus*, pupils dilated.

"*Hyoscyamus* and *stramonium*, staring eyes."

If the purpose of this comparison was to separately identify each of three theoretical patients who were poisoned with one of these drugs, it would be understandable; but as it is to tell which one of these remedies is to be given to a, theoretical, patient, say with typhoid fever, who is loquacious, stupid, has throbbing carotids, is restless, has or has not protruding eyes, dilated pupils and staring eyes, it is hardly understandable; clinical or empirical generalizations or specializations alone will differentiate between very similar remedies.

It is obvious that this sort of thing is done by writers on materia medica with little thought of the requirements of the bedside. Look, for a moment, at the character of the matter from which these comparisons are made. The symptomatology of a drug is made up of the symptoms of a few or many provers, as the case may be. It is not the symptoms of the best individual prover that is taken as the type for all, but it is rather the composite of the symptoms of all the provers that is taken as the type of the remedy's action. Now this picture varies from time to time, according to the number of the provers. While many symptoms emanating from individual provers maintain their original purity to a greater or less extent, it cannot be denied that much that goes for the symptomatology of a drug is a composite of fragments of symptoms of different provers. The possibility of creating symptoms, comparisons, contrasts and modalities in this way is without limit.



An extreme example is seen in the following comparison or contrast between lachesis and lycopodium in throat disease: "When lachesis is indicated, the affection begins on the left side and progresses to the right; the throat is greatly more sensitive than the amount of the inflammation would indicate; great aggravation from warmth and warm drinks, from covering up, and from the slightest pressure about the neck. Lycopodium is indicated when both pain and redness begin on the right side and extend to the left; much less sensitive than the amount of inflammation would lead one to expect; aggravation from cold drinks; amelioration from warm drinks." Theoretically this is beautiful, practically it is worthless; the process of elimination by which it is reached is absent, the slipping of a single factor breaks the whole combination, and no provision is made for the new state of affairs. Time, labor, sundry provings and some empiricism contribute to the elaboration of a schema with which one has to meet a condition in a patient, who may present one or the other of these pictures at some fleeting moment in the course of an illness; a combination most unlikely to occur in most individual professional lives, and most likely to be missed if it did by the patient's, as well as the doctor's, fault.

Subjective statements of provers in regard to symptoms will always be unreliable, and the larger their number, the greater the opportunity for confusion; and when these statements are to be applied, according to a supposed law of cure, in the treatment of the symptoms of the naturally ill, with which they have no other relation than an accidental resemblance, there can be no other court of final decision than experience.

Consider for a moment the conditions underlying the origin of symptoms in the naturally ill. The human body may be regarded as an aggregation of forces in a state of physiologic equilibrium or compensation, each one of which represents an organ or a system in a state of equilibrium of its own, and correlated with each other to make the whole. They may be called "vital processes," if you like. Take, for instance, the vascular system, enjoying in health a normal elasticity, the vessel walls being maintained in a state of equilibrium by the vaso-dilators and the vaso-constrictors, and these again in intimate relation with the vascular fluid, whose own integrity is regulated by

forces governing its composition, so that it shall be neither too concentrated nor too attenuated as regards its quality, nor too little nor too much as regards its quantity; in short, a compensation between its consumption and regeneration. Anything acting from within or without, which unduly accelerates or retards any one of the regulating factors in either the blood or its vessels, will more or less disturb the compensation in all of them, and forces which stimulate the vaso-dilators will produce results or symptoms similar to forces which depress the vaso-constrictors, and *vice versâ*. So that a similarity of symptoms by no means necessarily implies a similarity of cause or origin. That ipecacuanha causes and cures nausea speaks neither for or against a homœopathic law of cure, however pregnant it may be as a principle of research. That ipecacuanha always causes nausea in the same way, within its natural limits of dose, is undoubted, and probably always cures in the same way; but that the cause of nausea in the sick is very manifold is also undoubted; and while it is supposed to be the peculiar province of homœopathy to say which individual nausea ipecacuanha will cure, to do so with any certainty is a refinement beyond the province of a vague symptomatology; and experience alone becomes the final decisive factor.

This may look like hair-splitting, but it is here the existence of a natural law of cure is either justified or discredited; it is here that homœopathy takes its place either as an infallible law or as a rule of action, a method of procedure, a principle of systematized empiricism. That the action of drugs is continuous, as Dr. Howard maintains, is, I think, true; that they have a duality of action at the bedside, as he also maintains, is, I think, untrue. That the action of drugs as disturbers of health does not vary in kind with a variation of dose, but only in degree, and that the action of drugs in curing and ameliorating disease is the same action, regardless of the dose in which it is given or the principle on which it is prescribed, is, I think, indisputable. Therefore, the homœopathic, antipathic, physiologic, pathologic, mechanic or other action of drugs are mere figures of speech; these are but external, artificial ways of designating apparent methods of meeting the exigencies of practice; the fundamental fact of the drug's action remains the same, the change is in the requirements of disease.

The manner in which empirical facts are recorded in homœopathic literature has much to do with the confounding the phenomena of drugs and the phenomena of disease, or perhaps it is this confusion which determines the manner in which they are recorded; it does not matter, for in either case it is a two-edged sword. Take, for instance, the empirical fact that *ignatia* relieves the effects of grief, and, as it is apparently true, it is one of the most astonishing individualizations in drug therapeutics, and as a truth half-told is calculated to attract and interest the credulous and to repel and disgust the incredulous. The truth probably is that *ignatia* does something to restore the integrity of nerve-centres which are primarily unstable, and which have been thrown into an abnormal automatic habit by a shock, or a series of shocks, mental or physical. It may have been a bereavement, a laryngeal catarrh or a whooping-cough, or anything else which has been profound enough or long-continued enough to have so increased the irritability of the unstable nerve-centres that they will continue to respond to slight irritations long after the original cause has disappeared. The fact remains that the prolonged effects of grief is only a special instance coming under a general fact, and that abnormal habit is an empirical generalization of much wider applicability, and less hard to understand.

Turning now to the purely empirical aspect of the subject, the remedy *cratægus* furnishes an interesting example. Said to have been used as a secret heart remedy by an Irish physician has been sufficient evidence to introduce it into homœopathic practice, where it has quite a vogue on purely empirical grounds in "heart cases," and it has found a place in Boericke's little manual, with a short symptomatology and modalities. A very remarkable clinical generalization is shown in the following, from the *Homœopathic Recorder*, February 15, 1903:

"*Cratægus oxyacantha* in anæmia. Dr. Cooper writes: 'With reference to the pathology of the case of anæmia, reported by me in August last and to my reasons for prescribing *cratægus oxyacantha*, I may say that I have often found its exhibition in unit doses to be followed by extraordinary good effects in the anæmia of young girls where chalybeate preparations have been quite ineffectual, or where iron has lost all its beneficial influence.'



“Those forms of anæmia are attended by a widespread bloodlessness that affects the entire body, but inasmuch as *the prominent symptoms and the obvious physical signs are cardiac, I naturally was led to this remedy, which had already established a reputation in heart cases* (the italics are mine).’ *Homœopathic World*, January, 1903.” The *Recorder* remarks editorially: “This is a good point to remember when iron does not act.”

As anæmia, itself symptomatic, is, practically, never symptomatic of “heart cases,”—although the reverse is almost universally true if “heart symptoms” are substituted for “heart cases,”—if one can believe that he found cratægus beneficial in anæmia, then one can believe that in this remarkable example of empirical deduction he has unconsciously thrown light on the character of “heart case,” in which this remedy is said to have established its reputation, and which, hitherto, has been obscure.

Equally conclusive in throwing doubt upon the existence of a natural law of cure—although it is intended to do just the reverse—is the frequent attempt to make it comprehend every successful advance in therapeutics. In a paper read before the Chicago Homœopathic Medical Society, on “The Present Status of Serum Therapy,” Dr. Charles Gatchell explains the action of antitoxin serums according to the law of similars, in support of which he calls attention to the following analogues between the action of antitoxin in diphtheria and the action of medicines according to homœopathy:

“1. The infinitesimal dose. He cites Ernst, that 1 c.c. of antitoxin is able to neutralize 30 times its volume of toxin.”

“2. Analogy of rapidity of action. Many of our remedies acting almost instantly, as soon as they can be absorbed and diffused through the circulation, in which respect antitoxin shows a similar action.”

“3. The essential element of similia. Antitoxins are medicinal agents acting as other medicines, by the specific affinity of the ions of the drug for the ions of the disease. He cites vaccine virus and smallpox to support the theory, and quotes Welch to show that serum therapy is a homœopathic procedure.”

In regard to the infinitesimal dose: the relation of 1 c.c. of antitoxin to 30 c.c. of toxin has no resemblance to a homœo-

pathic dilution. The former is a quantitative relation of an antidote to a poison, the latter is a simple dilution of a drug itself, with absolutely no quantitative relation to the disease it is expected to ameliorate or cure; and, at all events, a dilution of 1 to 30 is not infinitesimal in a homœopathic sense.

Regarding the analogy of rapidity of action: the most marked difference between the action of antitoxin and drugs in diphtheria consists in the comparative rapidity of the former and the comparative slowness of the latter.

Concerning the essential element of similia: antitoxin is not a drug at all, but, probably, a physiological product, having a definite natural relation to the disease it cures. It has no known drug action, and is supposed to be comparatively inert as regards the human body in health. Unlike drugs, it has no adaptability to other diseases than the one for which it is specifically prepared. Its efficiency as a remedy—in striking contrast to its want of characteristics as a drug—stands in a demonstrable relation to its early administration and large dose, and its inefficiency in proportion to the lateness of its administration and small dose. All of which are directly opposed to the postulates of homœopathy.

Our own Dr. Janney has published his belief in the homœopathic action of antitoxin, and Dr. E. M. Baruch, of New York, has published a little brochure on the same subject. The single analogy is that toxins are the product of the growth of microscopic vegetable organisms, and the poisonous properties of plants may be regarded as stored toxins, but here it ends. Serum therapy does not contemplate the opposing of one toxin by another, and if it did it would not be homœopathy.

Whether homœopathy is based on a law of nature, and cures natural disease by the production of a similar artificial (drug) disease, by treating the patient and not the disease, *i.e.*, by paying special attention to the symptoms peculiar to the patient and ignoring those peculiar to the disease; or by treating all the symptoms, those peculiar to the patient as well as those peculiar to the disease; or by antagonizing a toxin of a disease by a similar drug toxin, constituting it one of the most remarkable of nature's laws in its diversity; or whether it is simply a method of procedure, a widely applicable general and

special principle of systematized empiricism, devised by man, and suggested by the accidental fact of the similarity of the manifestations of drugs to the manifestations of diseases; carrying no *ipse dixit* in regard to infallibility or universality; constituting it one of the most rational and simple of principles, in no wise antagonistic to, nor exclusive of, any other principle or system of therapeutics? are questions momentous for its welfare and for the general progress of therapeutics.

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### THE MANAGEMENT OF LABOR IN PRIVATE PRACTICE.

BY E. H. VAN DEUSEN, M.D., PHILADELPHIA.

(Read before the Pennsylvania Homœopathic Medical Society at Scranton, Sept. 22, 1903.)

NOT many years ago, obstetrical statistics in hospitals compared very unfavorably with obstetrical statistics in private practice. The improvement in hospital statistics in obstetrical cases has been immense, and the improvement in private cases has been very slight.

The chief cause of the bad results in hospitals was septic infection, and the chief cause of improvement is the nearly complete elimination of this element.

In obstetrical institutions, with septic infection reduced to a minimum and with obstetricians more competent to decide upon and to perform the various operations than is the average general practitioner, results will be more and more favorable; and as soon as the public becomes aware that labor cases are better treated in institutions than in the homes of the patients, there will be in cities proportionally as few labor cases treated at home as there are gynæcological operations done at home. This change is inevitable, but its consummation will be delayed just in proportion to the obstetrical capability of the general practitioner.

In districts remote from centres of population the general practitioner will, of course, continue in the practice of obstetrics.

The lack of competent assistants makes the management of labor in private practice different from the management of labor in hospitals.



Much has been written about the details of preparation for a labor in private practice. A review of the literature of the subject would occupy as much time as a congressional discussion, and be much more futile.

The principles involved are simple. No detail which is necessary to the patient's safety and comfort should be omitted, and no disturbance of the household arrangements not necessary to the patient's welfare should be required.

Normal labor is a physiological process, and any interference is likely to be meddlesome. By normal labor is meant here labor in which the presentation and progress and condition of both mother and child are satisfactory. If these elements can be confidently and certainly predicted without an examination *per vaginam*, such an examination is unwarranted, because it is useless; and not only is it a possible cause of infection, but it is the chief source of infection.

Careful, systematic, intelligent palpation of the abdomen will in the large majority of cases enable the obstetrician to determine, first, the position of the back of the child, and then to decide the question whether the vertex or breech is toward the pelvic outlet. Having in this way discovered that the back of the child is anteriorly and that the vertex is presenting, it is wise to wait as long as the progress seems satisfactory. If this condition continues to the time of delivery, the obstetrician need not feel that he has been neglectful. The custom of making a vaginal examination is often more honored in the breach than in the observance.

If, however, the progress is not satisfactory, or for any other reason a vaginal examination is required, the hands of the examiner should be prepared as thoroughly as for a laparotomy. The patient, also, should be prepared by trimming the hair on the labia and thoroughly cleansing the surrounding parts with soap and water, followed by a rinse of sublimate solution, 1 to 2000. The hair should not be shaved nor trimmed shorter than  $\frac{1}{4}$  in., on account of the discomfort occasioned by the stubby hairs of one labium sticking into the mucous surface of the opposite labium.

The examination should be made immediately after the preparation, and nothing should be permitted to come into contact with the examining hand until it reaches the vulva. Fre-

quently, in private practice, no competent assistance is at hand, and the physician has to add to his duties those of assistant and nurse. Under such circumstances it is impossible to keep the examining hand clean for any considerable time, and consequently the more important that all possible information should be acquired at the first examination. It should be made deliberately and prolonged as much as necessary, in order to avoid its early repetition. If competent assistants are present, so that the obstetrician can keep his hands clean, there is less objection to vaginal examinations, and the physician may acquaint himself with every detail of the variation in the presenting part, if he so desires, and if his patient is sufficiently tolerant.

The patient's clothing and bedding can be sufficiently sterilized by recent thorough ironing. This can be accomplished in the meanest household. Freshly ironed covers for newspaper pads and freshly ironed towels, or even squares of unbleached muslin, can always be procured. The clothing, bedding, etc., may be as elegant as the circumstances and tastes of the patient demand, but nothing should be permitted to come into contact with the patient below the waist that is not clean and, at least, approximately sterile, and nothing should touch the vulva or its vicinity that has not been carefully sterilized. The same principles apply to the management of the whole lying-in period. After a labor, during which nothing has been introduced into the uterus and nothing but a carefully prepared finger into the vagina, the use of a douche is not only unnecessary, but the introduction of an imperfectly prepared nozzle is much more dangerous than the introduction of the imperfectly prepared finger in the early stage of labor, for then the mucous lining was of good tone and intact, and now it is relaxed from being stretched to the limit of its endurance, and probably, also, has sustained numerous tears.

If for any reason douching is resorted to, the nozzle and the contiguous yard of tubing should be thoroughly sterilized immediately before use. Douching should never be entrusted to a nurse, no matter how otherwise well trained, who is not absolutely conscientious and strongly impressed with the importance of careful antiseptic preparation. Puerperal infection in the great majority of cases comes from without, and the most prolific sources of its introduction are the examining

finger and the fountain syringe. The indifference frequently displayed in the preparation for an examination and the carelessness in the preparation for a douche make one suspect that parturient women belong in the class with children and drunken men, over whom a special providence is said to watch.

In institutional practice all obstetrical cases can have the same care.

In private practice the details of management must vary with the condition of poverty or wealth and cleanliness or filth.

There may be no opportunity for a tubbing, but a cleansing bath from the waist to the feet is always possible, and thorough cleansing of the vulvar vicinity is imperative. The rectum always can and always should be flushed, no matter how thorough recent purgation seems to have been. Thorough antiseptic preparation of the hands before vaginal examination is absolutely necessary.

Diagnosis of the position of the child by abdominal palpation is more important amid poor surroundings than otherwise, for by this means vaginal examination is often rendered unnecessary, when the surroundings are anything but aseptic and when the avoidance of exposure to sepsis is correspondingly difficult.

Likewise the douche should not be resorted to without good reason, and when its use is demanded the utmost care in antiseptic preparation should be practiced.

The general observance of these principles and practices might serve to prolong the career of the general practitioner as obstetrician. It certainly would improve the statistics of obstetrical cases in private practice.

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THE CRY OF THE TIMES.—Once upon a time the cry was, that homœopathic physicians knew nothing but *materia medica*. It appears that they used to unite broken bones and cut off legs with their little pills; or something nearly as bad as that, if we might believe the critics. Then our school got to work and perfected itself in all of the collateral branches of therapeutics. Pretty soon, the cry became: The homœopaths have forgotten all about *materia medica*. They have become science-crazy. To-day, a new demand appears. It is the return of reason. It is the feeling that no physician can successfully work one end of the problem. He must keep fully abreast of the times, in all useful branches of scientific medicine, but he must also grow in the special branches of homœopathic practice, *materia medica* and therapeutics. What is demanded just now are scientific, up-to-date physicians, who are learned in homœopathy and who practice homœopathy. No others need apply—for they are not wanted.



## THE MODERN DISEASE.

BY PERRY DICKIE, M.D., BROOKLYN, N. Y.

THERE are but few of us who have not, at some time in our professional experience, met a condition characterized by the presence of an inexplicable class of pathological phenomena manifesting itself by means of symptoms which, although not of necessity by any means unique in character, yet still have been decidedly so in their occurrence or combination.

These we have at the time been unable to attribute to any of our orthodox text-book causes, and have therefore been obliged to look elsewhere to ascertain the reason of their existence.

Such a state of affairs we find occurring and manifesting itself under the condition termed "*Uricacidæmia*." Possibly so styled incorrectly, but a most significant title, nevertheless.

Many of these seeming anomalous manifestations have been explained by Haig in a manner most plausible and satisfactory to those of us who are ever seeking for the various whys and wherefores before we are willing to accept mere statements. True, it is possible that all of these theories we may not be willing to entertain as satisfying to ourselves, but there are many of them that seemingly so accurately cover the condition of affairs we have existing in these cases that we cannot but believe in their actuality. And, notwithstanding the fact that in the eyes of some of our more doubting medical brethren these theories are regarded as but a collection of the most deceptive myths, yet, while they deny, still do not offer us anything better to account for the existence of these phenomena.

The most significant and convincing proof of their validity, however, is the fact that these manifestations have not been amenable to relief until treatment has been instituted to remedy the condition presumed to exist in these cases—a systemic toxæmia or retention of the excretory waste products.

With these facts in mind, surely it is no wonder that owing to the unhygienic mode of life indulged in by the average in-

dividual of to-day, that as a result in so few cases, if any at all, do we find a perfectly normal physical condition, or one the possessor of a bodily function other than most faulty in its workings.

The human body consists of an elaborate machine of the most intricate construction, and for the proper working of which is entailed a degree of nicety far excelling the most complicated piece of mechanism. That it becomes so frequently out of gear should be no surprise to us, but rather that it runs at all is more to be wondered at, from the neglect or even ill-treatment to which it is so often the recipient by its possessor.

Our bodies, for the purpose of a proper working of their functions in their highest degree, require a certain amount of care, as well as intelligent treatment, but which in the large majority of cases is not accorded them. Consequently, as a result of this neglect, a considerable portion of humanity at large are sickly, as well as most prone to the many ailments to which mankind is heir. In addition to this, as our habits of the present day tend to a too luxurious mode of life, coupled with an insufficient amount of activity to carry off the consequences of this form of living; as a result of this we cannot possibly other than reap the trouble that must of necessity arise from a sowing of such improper seed.

Besides all this, as our pursuits in quest of the almighty dollar, with but few exceptions, entails everything that is unhealthy, including lack of fresh air, continual hurry, the seldom absence of anxiety and worry, together with the inevitable dyspepsia as an accompaniment, as well as ills of greater or lesser degree; this all contributes its quota in breeding trouble in the individual so occupied.

To maintain a perfect state of health there must ever be a proper balance existing between the products taken into and given forth from the body. All these must be accounted for in the exercise of the function of nutrition, or else pass out as excreta. By such means the waste products of life are eliminated as soon as formed, and not retained in the system to cause the many characteristic manifestations that may arise from this fault.

All this is included in the process of metabolism; a life function whereby the nutritive products, air, water and food,

taken into the animal body are converted into new tissue in exchange for the effete and excrementary substances that are thrown off as a result of the combustion and breaking down of that which is already formed, but fulfilled its purpose in life.

The ultimate and normal end product of the function of metabolism is urea, a substance which, due to its ready solubility, is freely eliminated in the various excrementary matters. During the transition of these products from used up tissues to urea they pass through several stages of formation, of which the most important and prominent is presumed to be uric acid. This body, simply an intermediate stage in the normal process of katabolism, is but a product of short duration; but when, however, owing to an improper working of this function from any cause whatever, a lack of sufficient oxidation is the result, and we have remaining uric acid instead of urea. In short, although uric acid is a substance that occurs normally in the animal body at some stage of the metabolistic process, still it should be present in the transition stage of these waste products in their passage through the body to excretion; and, besides, should never be found even here to any considerable amount. When, however, a condition such as this occurs, we have a pathological process to deal with.

Uric acid is a substance in its properties less soluble than urea, except under certain conditions, as in alkaline media. Therefore, when it is present in the system, it is, consequently, liable to be retained either in the tissues or in the blood. The former of these we call gout, while in the latter it constitutes a disease termed uricacidæmia.

Uricacidæmia—literally uric acid in the blood—we understand to be a form of systemic toxæmia, or condition of auto-intoxication, due to an abnormal and excessive retention in the body of the effete and spent excretory products of metabolism. These products, while we believe them to largely consist of uric acid—from which the condition derives its name—still also probably to a great extent, contain various other closely allied bodies in combination with this substance. These we assume to be present in all stages of intermediate formation, from the cast-off proteids and nucleins to that of urea, the ultimate normal end product of tissue decomposition.



We use the term uric acid and uricacidæmia in this connection in a general sense, to include several products, rather than with a special import to specify one single body. The possibility of this substance—uric acid—existing in a free and uncombined state in the animal body, we do not believe to be the case at any time whatever.

Owing to the great prevalence of this condition—so-called uricacidæmia—at the present time, on account of a mode of life tending in every way to promote its onset, hence it may be properly characterized as the “Modern Disease.”

The uric acid diathesis, as this condition is termed, cannot but act in all cases as a predisposing factor in the causation of disease, its chief peculiarity lying in the possession of a decidedly protean character, in which it manifests its existence in the individual in numerous ways. Symptoms of this pathological state may consist of from a simple sense of irritability and feeling of discomfort to that of an actual organic lesion of the most serious nature. The retained products, instead of causing any special characteristic manifestations, rather select and act upon that organ or location of the body which possesses the least resistance to its influences, and set up their disturbing action at this point. Hence, from this we may learn that the existence of uric acid as an etiological factor in disease explains many of the whys and wherefores of medicine not hitherto possible of elucidation; and which, in addition thereto, by its discovery places the science of medicine on a firmer and more intellectual basis, as well as dispelling and clearing away so much of the uncertainty and hypotheses of the past.

Many diseased conditions are attributed directly or indirectly to the agency of uric acid and its allied bodies, of which the following are a part:

Hay fever we place first on our list as a disease, which although not by any means serious from a vital standpoint, yet it is one of the most annoying as well as distressing of complaints, and fully as capable as any in making the life of its victim a constant source of misery to him.

It has hitherto been a query and not accounted for, why the pollen of plant life in some individuals should set up such a virulent reaction in the nasal mucous membranes, while others remain entirely immune to the very worst conditions of exposure.

This is fully explained and accounted for by the uric acid theory, since we learn from it that the susceptibility peculiar to some persons is but a predisposition caused by the presence of this agent in an excessive amount in the blood of the individual whose nasal mucous membranes are intolerant to this form of irritant; consequently, when exposed to its influences invariably there ensues an attack of this disease.

Reflex nasal neuroses, a pathological state similar to this,—in fact, the general disease of which hay fever is one of its forms—we find as a most common result of retained waste products in the body. This is a form of rhinitis, or irritability of the nasal mucous membranes, by which the individual is rendered, on account of the abnormal sensitiveness of this organ, liable to attacks of irritation, sneezing and discharge in varying degrees of severity. These attacks are liable to come on at all seasons of the year from innumerable causes and various extraneous influences, as odors, change of air, variations in temperature, as well as in some cases similar to that in hay fever, plant pollen.

All this we may attribute to the effects of uric acid in excessive amounts in the blood of the individual—a condition we term uricacidaemia.

In the throat we find many troublesome complaints resulting from the influences of this product. More especially so, that most intractable and obstinate form of disease of this part of the body, chronic follicular pharyngitis, or what is popularly termed “clergyman’s sore throat,” a complaint due rather to unhygienic influences and surroundings than confined to any calling or profession, and of common occurrence in all conditions of life where circumstances so favor its development.

In the ear, which organ is by no means exempt from trouble caused by uric acid, we find of frequent occurrence otosclerosis, or so-called “progressive deafness,” which, as its name implies, consists of a form of impaired hearing of such gradual approach and onset that the patient, almost before he is really aware of the fact, finds him or herself with the function of hearing irretrievably ruined. This disease is one of the most insidious of all complaints of this organ, and is the least amenable to treatment, unless taken in hand early and curative measures instituted before the condition has progressed very far in its course.

All these troubles we must also attribute to the uric acid diathesis as a most prolific causative factor, since in all these complaints we find them, as a rule, occurring in a class of individuals who possess all the essentials necessary to constitute the uric acid disease. And the most commonly occurring of these cases do we find in members of a family where there is a past history of gout or rheumatism.

But, however, without doubt, the most frequent form of manifestations we find as a result of the uric acid state is that of migraine, or what is commonly termed sick, or "bilious," headache. This ailment, which is most persistent and quite intractable to ordinary measures, is, as a rule, readily amenable to treatment for the eradication of the uric acid diathesis. Therefore, on account of which we must admit it to be a most striking proof of the existence of this pathological condition.

The writer of this paper can certainly vouch for the actuality of this condition, since for many years, from a child, he was a victim to attacks of sick headache, which in time reached such a stage of severity that, in his later life, he was incapacitated for several years from active practice. These attacks, most severe and frequent, would come on sometimes as often as several times a week from the veriest trifling matters, as errors in diet, fatigue, or even exposure to bad air. By means of a form of treatment, aiming to effect an eradication of this product from the system, has been the means of a complete cessation of these headaches, as well as a cure of several other annoying symptoms that accompanied this condition.

True, there are many of us who, never having experienced this trouble, are inclined to doubt its reality, but those of us who have felt its effects know it to be a stern reality, and can fully sympathize with our patients who pour into our ears stories of ailments which otherwise might seem but the emanations of a most vivid imagination.

The treatment for this diseased condition must be directed toward the various troubles which occur as complications, and, therefore, more or less symptomatic. But at all times must we exercise our efforts to eradicate the uric acid diathesis as an absolute essential in effecting any beneficial results whatever. For the accomplishment of this end, all errors in diet must be remedied, as well as a complete reformation of hygienic the



mode of life, as these are always faulty accompaniments of this condition in a more or less degree, whether imposed on the patient from choice or necessity. As a rule, in the beginning of the treatment eliminatives are indicated to remove the past accumulations of waste products that have been retained in the system, and which are largely responsible for the present state of affairs.

In all these cases half-way measures are of no avail whatever. There is no royal road to cure the uricacidæmic individual. We have simply to prescribe the treatment to be followed out, at the same time suggesting to the patient that if a cure is desired our advice must be strictly conformed to, otherwise nothing but failure need be expected. On the other hand, close compliance with our advice seldom fails to relieve in all cases, and in the large majority to completely cure the condition, provided no serious organic lesions have occurred as a result of the long continuance of the disease. All this we should inform our patients before commencing treatment, so that it need not be undertaken if it is not to be followed out in the proper manner, the failure of which cannot but react unfavorably on us in the end.

In concluding, I would say, that while the term uric acid has been used so freely as an attributed cause of disease, it is surely no wonder many of us have become skeptical to the existence of such a condition. Still in other matters we do not allow ourselves to be so influenced. Certainly we do not follow out this practice as to other factors of value which exist in our profession. For instance, in the case of certain remedies which, in the hands of an old school brother, may be made to serve as a panacea for every ill under the sun, as, for example, mercury, in the hands of the good old doctor of the past. Has there been a single disease that it was not used for? Verily, it would seem not from our reading of old school works on practice. Yet this same drug, as well as many others in the same category of ill-use, have rendered most valuable curative aid to us in our armentarium of therapeutic resources. Still for all this seemingly wonderful panacea-like qualities—some of which must, of necessity, be negative when so used—we do not cast such aside as worthless.

Likewise should we regard the excessive accumulation and

non-excretion of the effete waste products of metabolism a disease factor of certain possibilities, and capable of setting up an amount of trouble in the functions, organs, and even tissues with which it comes in contact, and by this means constituting a powerful pathological agent.

This condition of affairs we know to be largely prevalent at the present time, and to such an extent as to warrant the title suggested by the writer, "The Modern Disease."

A STUDY OF THE ACTION OF ANTITOXIN IN CURING (?) DIPHTHERIA  
OR IN IMMUNIZING THE SYSTEM TO THE DISEASE FROM  
THE STANDPOINT OF "THEY SAY."

BY J. D. BURNS, M.D., GRUNDY CENTER, IOWA.

ANTITOXIN introduced into the blood in the animal (human being) will produce in the economy this defensive proteid (so said), and if the human being be mune or susceptible sharp symptoms of reaction will result, while if the animal be immune but slight, if any, reaction will occur. Query. Is this action of the *antitoxin* on the organism physiological, histogenetic or dynamic? *i.e.*, does the antitoxin so influence the vital processes of the economy that, whereas, a non-defensive proteid was produced without this influence, now *with* this influence a *defensive* proteid is produced, called phylaxins (dynamic)? or does the antitoxin, by virtue of its presence and by contact in the blood of the animal, set up a fermentive or chemical action which, as a natural result, renders the proteids defensive (physiological or chemical)? or does it set up a pathogenetic action in the blood elements, and by its necrotic action produce a defensive proteid, not interfering with power that produces, but producing its effect entirely on the output that the proteids are rendered defensive, something similar to the process by which cast-iron is rendered malleable after the casting is made? If it is dynamic, then the defensive proteid is homœopathic to the disease that produces the toxin from which the given antitoxin is produced. If it is physiological or chemical, it is antipathic. If it is pathogenetic, then it is rational, because in itself it is knowable, whereas, if this defensive proteid is produced or ex-

ists as a result of the vital processes, it is unknowable, as all vital processes are knowable *only* by their *effects*.

It is immaterial which it is, so far as the patient is concerned; but as a confirmation of one or the other of the above laws it is material, if it can be settled to a certainty (which is doubtful), which, if either is the *modus*, it would certainly be very satisfactory. Indeed, if we are to prescribe antitoxin in a scientific manner, we have got to know the law under which it acts; to use it otherwise would be to use it empirically. Thus far it is not known to be a rational process, as its action is only known by its effects; so far, therefore, it is doubtful if it is pathogenetic. If it is antipathic, it is a compromise of the vital processes. If it is dynamic, it is a vital process and can only be known by its effects. If it is dynamic, it is homœopathic to its similitude, and its *modus operandi* similar to the dynamic action of drugs. I think it is not exactly similar, because the phylaxins render (whether they naturally exist in the blood and juices of the system and are then called sozins, or whether they are artificially produced) the system immune for an indefinitely long time, whereas, the dynamic effect of a drug is but transient and only serves to produce a balance of the vital processes for the time being. Is it not true that the dynamic effects and pathogenetic effects of a drug are the exact antipodes? If it is not true, are the two in any way connected, and if connected where is the line of demarkation? Are the pathogenetic effects of a drug *ever* curative? The dynamic effects of a drug may be *curative* if it is the *similar*, or *nil* if it is not *homœopathic*. Is it ever anything but transient? The pathogenetic effect or action of a drug may be as lasting as the life of the animal. If these propositions are true, then the action of antitoxin in rendering the proteids defensive is not dynamic, but rather pathogenetic.

If the artificially produced proteids, or phylaxins, are identical with the sozins (otherwise they would not produce immunity), then the system is in the same condition that it would be in if the person had passed through the disease, say smallpox, and recovered from it; the system is immune.

I have not seen any estimate of how long a time the immunity lasts when artificially produced by the antitoxins; but in vaccinations it is indefinite, may be one year or a hundred



years. The present theory contemplates the production of two distinct products, mycophylaxins, or those which act by destroying the microbes, and the toxophylaxins, or those which act by destroying the microbial product, which I understand to be a ptomaine. I am unable to understand how it can produce them unless it be the action on the different constituents of the blood. This would favor the theory of the action being chemical; and if it is known to be a fact, then it is certainly a rational process, and has nothing whatever to do, naturally, with the processes of life, and is therefore antipathic in every sense. From the testimony it would seem that antitoxin does possess remarkable curative effects in some cases of diphtheria, while in others the effect is *nil*, and still in others it kills. What is the *modus operandi*? Is its action in accord with the law of similia? "The particular cure of which similia is the law may be defined thus: Such modification of the quality of vital processes and their effects that, whereas, these processes and effects are now abnormal, they shall become normal as the immediate result of the medicine used."

According to that definition a homœopathic cure can only be effected by the dynamic effect of a drug. (Is the primary drug-effect ever dynamic?)

Of course, this kind of medication does not contemplate dealing with the material body, *per se*, but with the immaterial, the *ego* which animates that body and influences the life of it for health or disease; local treatment, then, so far as a curative effect is concerned is nonsense.

Now, this cure is certainly different from the cure produced by antitoxin, because the latter deals with the material, the ultimate particles or molecules, and even the pabulum from which the new life molecules are made, and by changing them from a non-defensive to a defensive condition, thus making the habitat of the disease unhealthy for the disease—perhaps not unhealthy for disease, but unsuited for it; whereas, the other contemplates influencing the *force* or power that regulates the production of the pabulum, thus changing it. Now, unless their *modus* is alike, their action is not the same or explainable by the same law.

Again: The particular cure due to the dynamic action, and which we think is according to the law of similia, admits of

no drug-effects mediate or precedent to the cure; whereas, in the cure due to antitoxin there are effects mediate to and preceding the cure. Are these effects similar to the aggravations which occur at times after the administration of the homœopathic medicine? May it be possible that the sudden deaths which occur after the injection of the antitoxin are explainable on the hypothesis of aggravation? That the dynamic effect was so profound that it overwhelmed the system, reversed the engine?

A general term for the albumins and albuminoid constituents of the organism, as primary elements, is	1. Native albumins.	Serum-albumins. Egg-albumins. Metal-albumins. } Probably the same substance. Paralbumins. Acid-albumin.
	2. Derived albumins or albuminates.	Santonin. Alkali-albumin, casein or native albumin. } The same substance.
PROTEIDS ..... They are <i>Anhydride of peptones</i> , composed of carbon, oxygen, hydrogen and nitrogen: are colloid, non-crystallizable and levogyrous	3. Globulins. (Little balls.)	Crystallin, the globulin of the crystalline lens. Vitellin, the egg-yolk. Para- or serum-globulin, fibroplastin. Fibrinogen, the fibre element or producer. Myosin, the muscle element; its coagulation after death causes "rigor mortis." Globin, a blood-platelet.
	4. Fibrins.	
	5. Coagulated proteids.	
	6. Albuminose and peptones.	
	7. Lardacein or amyloid substances.	

Proteids. (Defensive.)	Certain bacteria-destroying substances, either existing normally in the animal economy or produced therein by the process of vaccination or inoculation, proposed to be called "Alexins."	
	Alexins. (Buckner.)	
	Phylaxins. (Hankin.)	Sozins. (Hankin.)
	Those artificially produced by the process of vaccination or inoculation, thus rendering the animal economy artificially immune from contagious or infectious diseases.	Those that exist normally in the animal economy, rendering it naturally immune from contagious or infectious diseases.
	Toxophylaxins.	Toxosozins.
	Mycophylaxins.	Mycosozins.
	Those which act by destroying the microbic product (ptomaines).	Those which act by destroying the microbic product (ptomaines).
		Those which act by destroying microbes.



## CARCINOMA OF THE PANCREAS.

BY J. W. CRAWFORD, M.D., NORTH ADAMS, MASS.

MISS B., æt. 48, single, occupation, teacher, began about eighteen months ago to complain of indisposition, indigestion, loss of weight and pain in the epigastric and right hypochondriac regions. During three or four months patient continued at her work, though with great difficulty, after which a vacation of three months to be spent in the Adirondacks gave promise of relief. No improvement resulted, however, and she returned to her work in the fall under protest, as she did not feel equal to it. After two months she was compelled to give up, as all her symptoms in the meantime had become aggravated, and she was wholly incapable of exertion.

Up to this time no definite diagnosis of her case had been made. The absence of tumor and other conditions usually present in carcinoma rendered it difficult to decide, though the totality of symptoms, history, etc., should have seemingly been sufficient grounds for more than a suspicion of the true condition.

After various forms of treatment had been resorted to, including osteopathy, patient consulted and was treated by a prominent member of our school in New York City, who, after careful study, diagnosed the trouble as "localized spinal meningitis." The case failed, notwithstanding, to respond to remedial agents, so she was advised to seek the salubrious atmosphere of the "Old Berkshires," with the suggestion that her trouble not necessarily being fatal she might eventually recover.

No improvement, however, followed this change, so her people placed her interests in the care of their family physician, Dr. T. J. Putnam, of this city, through whose courtesy I am permitted to give this outline and post-mortem verification. Dr. Putnam diagnosed the condition as "malignant development of the stomach or pancreas, or both," and gave no hope for any permanent improvement. The only benefit derived

from treatment was relieving the extreme pain. After nine weeks of most agonizing suffering she passed away.

*Post-Mortem.*—Body appeared to be that of a woman æt. 55. Adipose tissue markedly reduced. Usual signs of death were



present. Permission having been granted to examine the abdominal cavity, an incision was carried from the ensiform appendix to just below the umbilicus. The cavity contained, beside the various organs, about two quarts of sero-watery

fluid. The stomach, pancreas, omentum and mesentery were agglutinated *en masse*. (See photo.)

The stomach (No. 1) was contracted and its walls hypertrophied. The greater curvature being 1 c.c. and the lesser  $\frac{1}{2}$  c.c. in thickness. Longitudinally the organ measured 13 c.c., and transversely 4 cc. The greatest contraction was in the lesser curvature, and the organ resembled the letter U. Its capacity was reduced to about two ounces. The mucous membrane was softened and easily detached, and a dark, offensive mucus bathed its surface. There was stenosis of the cardiac opening, which just admitted the little finger with force.

The pancreas (see No. 2) was an enlarged, nodular and hardened mass protruding below the free surface of the greater curvature. The pancreatic duct was completely obliterated.

The liver was normal in size, but very friable. It readily separated by pressure, and a reddish-pink serum exuded from its tissue. The gall-bladder (see No. 3) was atrophied, and contained a small amount of bile. No stones or sand could be found.

The kidneys: the right kidney was normal in size and appearance, but the left was hypertrophied to twice the normal size; however, the capsule was not adherent, and on section the cortex and medulla appeared normal.

The lymphatics of the abdomen were enlarged and hardened. (See No. 4.)

The spleen, ovaries and uterus were normal, also the breasts and axillary glands. The whole make-up of the growth was scirrhus.

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PERINEAL PROSTATECTOMY.—Murphy reports on thirty cases of perineal prostatectomy performed during the past two years. Of the thirty cases none died, and the ultimate results have been favorable. The usual enlargement of the prostatic urethra, which occurs in hypertrophy of the prostate, has led to the removal of a part of the floor of the urethra and the suturing of the lateral walls of the median line. This prevents pouching of the urethra and the consequent dribbling of urine. If this pouch forms, the operation of perineal prostatectomy will not afford complete relief. He says, suprapubic operation in future will only be resorted to in special cases, where the gland is enormously enlarged, or where a stone is in a pedunculated middle lobe. The Bottini operation will gradually disappear, as it is inaccurate and dangerous, the permanent result always being doubtful.—*Chicago Med. Record*, July 15, 1903.



## THE TREATMENT OF MENTAL DEFICIENCIES.

BY W. H. BIGLER, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of Pennsylvania.)

ALTHOUGH it is natural that, in the eyes of the mother and the family physician, the bodily nourishment of the infant and child should be of the first importance, this fact hardly justifies the deluge of papers on "Infant Feeding," in all its various ramifications, which has inundated the medical journals during the last few years. The whole body of pædologists seems bent on bringing the problem of infant food to the accuracy of a mathematical formula of minute percentages and insignificant variations, disregarding almost entirely the adaptability, especially in childhood, of the human organism to its environment. On a comparison of the numerous articles on this subject, we will find but little that is new or original, the only variety to enliven the feast presented to us being some new process for readily calculating formulæ, perhaps, or only some slight difference in the presentation of the subject. This is, of course, more or less true in the treatment of any subject at the present time, for there is nothing new under the sun; and yet there are some things more nearly new than others; and in this case it would seem that a little more attention might be devoted to the mental growth of children than is accorded the subject in current medical literature and in the standard text-books. We are apt to think that a sound body necessarily implies a sound mind, and are content to judge the latter, as we do the former, by the scales. Unfortunately, the unsoundness of the physical, which lies at the basis of mental deficiencies is not discoverable by weighing, and may exist even with all outward appearances of bodily soundness.

The attitude of hopelessness which is so generally held towards cases of mental defects could, we think, in many instances be changed, were the same care and exactness taken here by the physician in prescribing his curative measures as he exhibits in finding the exact percentages in his modified milk in cases of defective bodily growth.

It is the modest purpose of this paper to present some of the facts of physiology bearing upon this subject, and to deduce from them certain general principles of treatment, the application of which can, in many cases, be left to intelligent parents under the guidance of an intelligent family physician.

In this paper we limit ourselves to mental deficiencies of a *primary* character, and exclude those the result of traumatism or antecedent disease—after birth. We include, however, those cases of arrested or perverted mental development, the result of the act of being born, dependent upon long, difficult or instrumental delivery. Fortunately, the injuries thus occurring are usually superficial in character and speedily rectified, but in other cases results show that there has been a more deeply seated traumatism, perhaps only microscopic in extent, but yet sufficient to disorganize some elements of that delicate nervous organ, the brain, whereby its normal development has been retarded or perverted.

Further, we wish to include those cases of *markedly* retarded development, even if normal, since the same general principles can apply, and should be applied, to them as to those in which the development is faulty. The longer the normal development is delayed, the greater the danger of this becoming abnormal, especially in its moral or emotional aspect, by the environment. Of course, it will be understood that the delay of a few months in learning to walk or to talk, etc., is not sufficient ground for classing those showing this delay among the mentally defective; it is only when the retardation lasts for years that we are justified in making such classification. Cases of mental deficiency, idiocy or imbecility in its simplest form, may be, but are not, of necessity, connected with outward physical signs,—stigmata of degeneracy, which we will not enumerate, since we wish to confine ourselves to the mental condition and only such acts as are indications of this.

The normal child will begin to handle and examine with interest toys given to it at the age of 5 or 6 months. It will at about the same time recognize the bottle, its nurse, or its mother, and by the end of the first year will be able to pronounce single words distinctly, and by the second year to frame short sentences. There often occur instances of precocity, which if too marked need careful watching; but where these

acts are delayed much beyond the periods given we may regard it as abnormal, and calling for treatment.

Instead of simple delayed, we may have perverted, development, shown chiefly in the want of proper co-ordination of movements, or in emotional explosions without discoverable cause, such as inane laughter—spells of crying, or exhibitions of rage. We will find, also, difficulty in arousing and in fixing the attention by the usual means adequate in the case of the normal child. The expression of countenance will change suddenly from fixity of attentive gaze to absolute vacuity, accompanied often by purposeless unusual inco-ordinated movements of the extremities.

These symptoms are often overlooked or misinterpreted by parents and the child is brought to the physician only after they have existed for a considerable time, a fact which renders a correct diagnosis somewhat difficult. The effects of continued habits and associations must first be eliminated before we can arrive at a knowledge of the pure symptoms of the case. For example, an only child, compelled by force of circumstances to forego association with other children, may be slower in developing than one who has the advantage of the example of others about him;—or the association may be only with older companions, whose objectionable habits are too readily imitated. Having eliminated these sources of confusion and having determined that the symptoms presented are inherent in the mental condition of the child, our next step is fully to realize *that this is dependent upon a physical condition of the brain as the instrument of the mind, and that all our efforts at treatment must be directed to altering this condition.* This is the focal point of this paper.

We do not mean that we can even approximately determine the exact portion of the brain at fault, nor even the actual histological alteration in its cells, but only that we can in a general way conceive of the condition underlying the symptoms, and by making this conception our guide, may be led to prescribe with exactness a line of successful treatment.

Certain facts of anatomy and physiology will assist us in directing our efforts intelligently.

We know that the brain is made up of a mass of cells, provided with their dendrites through which impressions from the



outer world, or from the periphery, are conveyed to the cell-body, and with their neuraxons or axis-cylinders, through which impulses are sent out centrifugally to produce movements of various kinds, in response to these impressions.

We know, too, that these cells are not continuous, but only contiguous, and that their prolongations may, and do, come in contact with each other in wide areas, so that they may individually receive impressions from various sources, and may send out their impulses in various directions.

We know, too, that the contact of these prolongations has become fixed by heredity and habit, and that, therefore, there is a normal path for the reception of impressions, and a normal response to these (sanity and morality),—but that either by some unknown precostal influence, or by disease, or by shock, or even by fatigue, such normal connections may be altered, temporarily or permanently, with a corresponding abnormal response (insanity, immorality).

When, therefore, a child shows the symptoms enumerated above, we must look for their cause in the arrangement of the neurons of the brain, and we can say that there is either an entire absence or an imperfect development of certain cells necessary to make the normal connections, or a faulty arrangement of normal cells actually in existence.

By this knowledge we are led to the following principles upon which to base our treatment:

1. We must strive to promote the retarded growth and development by promoting the general nutrition; and
2. We must endeavor to establish new and, as nearly as possible, normal paths for impressions and impulses.

As regards the first point, the nervous-system being a part of the general organism, it will be benefited by everything which will benefit the latter, and the raising of the general condition of nutrition will result in better nutrition of the nervous-system. But just as by use, and not by abuse or want of use, we can divert to some special part of the system an extra supply of nutrition, so here, by carefully regulated exercises of the brain, we can specially promote its nutrition, and, by exercising it in the direction in which it seems outwardly most deficient, we can affect particularly those parts which are at fault. It is evident how necessary is a recognition of what

we wish to effect to an intelligent application of mental exercises.

In the second part of our treatment, our endeavor to form new and, as nearly as possible, normal paths for nervous action, we must build on the facts that an incoming impulse has many possible pathways of response, and that motion is in the direction of least resistance.

Observation on the effects of the repetition of movements of the body, or of activities of the mind, has shown that they are both governed by this same law, and that repetition is the means of reducing to a minimum the resistance in any pathway between the centre and periphery, even where normally established by heredity:—witness the wonderful abnormal feats of gymnasts and acrobats, or the performance of a skilled pianoplayer or trained singer, etc. We recognize that by repetition we can establish in some a pathway of automatic action, scarcely to be distinguished from the instinctive activities found normally in all. Hence, in applying this part of our treatment we must, on account of the general condition of the nervous-system, limit its activity to certain well-marked and closely-defined paths, by presenting simple normal stimuli and requiring a response which shall be as nearly normal as possible, and *then by constant repetition of exactly the same process*, we will be able to establish a pathway of least resistance, according to the requirements of each case.

The important points, and the ones that are too frequently neglected in this method of training, are that the stimuli must at first be limited in number, and that in all cases both stimulus and response should be kept *exactly the same* in their repetition. If these points are not strictly observed, the results of the stimuli will, by reason of the structure of the brain above noted, be subject to the same abnormal diffusion and incoordinated response which it is our endeavor to alter, and the establishing of *one* pathway of least resistance becomes impossible.

We see, therefore, that in the treatment of mental deficiencies, hygiene and training occupy the first place, but that need not prevent us from using simultaneously medicinal means as adjuvants. Here, in the first rank, stand phosphorus and its different combinations, either as a drug or as a component

part of the diet. Our *materia medica* will also furnish us with hints for the application of other drugs according to the symptoms presented by each case. The mental symptoms do *not* here give the most important indications, but rather those symptoms which indicate *peripheral responses*, since the other, the central end of the pathway, so to speak, is the part we wish to reach, and is the one which is, apparently, according to the "proving," the special seat of the action of the drug, while mental symptoms are more the diffused results.

While this treatment, in the cases where we have intelligent parents or attendants, can be carried out under the control of the family physician at home, in many cases, and perhaps the majority, the removal of the subject to an institution, specially intended for the training of the feeble-minded, is called for. The objection to such a course is the danger of finding only a systematized institutional training of all cases, without that individualization which is indispensable to satisfactory results.

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#### PERINEAL DRAINAGE FOR CHRONIC GONORRHŒA.

BY LEON T. ASHCRAFT, A.M., M.D., PHILADELPHIA.

(Read before the Hom. Medical Soc. of the State of Penna., Scranton, September 22-24, 1903.)

*Mr. President and Members of this Society:* My remarks will be confined to enumerating the benefits derived from perineal drainage for intractable cases of gonorrhœa.

Discussing its curative value in chronic inflammation of the posterior urethra, associated with contracture of the bladder-neck, let me say that, while most attacks of posterior urethritis are cured by means of intravesical irrigations of the recognized antiseptics, direct applications of silver salts and Guyon's posterior dilator, yet some not only fail to recover by such methods, but are aggravated thereby. Especially is such the case when the bladder is involved. The urethral discharge persists, the urine is loaded with pus and the pathogenic bacteria common to such cases; the calls to urinate are very frequent, often hourly, both by day and night, while the act is distressing during the entire performance. Frequently, the last few drops voided are tinged



with blood, and complete incontinence may follow, the sufferer being compelled to wear a urinal. Residual urine is always present, the amount varying from one-half to three ounces. Consequently, the strength fails, which, together with the symptoms just mentioned, may lead to a suspicion of urogenital tuberculosis. Relief is imperative; it can be obtained by perineal drainage.

Although all are acquainted with the technique of this operation, yet there are several points which should be emphasized. After the customary operating toilet, the patient should be anæsthetized and placed in the lithotomy position. A grooved staff is passed into the bladder and held there by an assistant, the patient's legs being likewise supported by assistants. The operator then makes an incision through the skin and deeper structures, about three-fourths of an inch long, commencing it about two inches above the anal margin. Care should be taken to make this incision exactly in the median line, thus avoiding wounding adjacent tissues. The urethra is usually readily located and, when seen, should be incised sufficiently to admit the second finger. The next step consists in overstretching the sphincter and neck of the bladder. This may be done by inserting the forefinger within the wound and sweeping it around within the neck of the bladder, making firm pressure upon all of its parts. Incidentally, the interior of this organ may be thoroughly explored by making counterpressure above the pubes. Should overstretching be very difficult, it may be necessary to incise the contracture. Under such circumstances it is better to sear the neck with the prostatome, thus avoiding severe hæmorrhage. Bleeding points, if any, should be secured. After this the largest drainage-tube, which the wound will admit, is passed into the bladder, and that organ is then irrigated with a saturated solution of boracic acid until the fluid returns clear, when the wound is packed with sterile gauze and the patient returned to bed. Recovery may be hastened by daily irrigating with a saturated solution of boracic acid and administering urotropin in from 5- to 15-grain doses after each meal. The tube should not be removed (except to free from clots, or because of rise of temperature, chill, or cysto-spasms) until the fifth day, when a sound should be passed through the meatus to the neck of the bladder, after which the tube,

or a smaller one, should be reinserted. Thus drainage may be maintained for several weeks. Sounding should be practiced every five days.

The complications which may arise from this operation are fistula, urinary septicæmia, or death from shock, due to prolonged hæmorrhage. This method is beneficial, since, by overstretching and partially paralyzing the sphincter vesicæ, it gives that overworked muscle a chance to rest; it also affords an avenue for bladder-drainage, so necessary to cure cystitis.

It will not be necessary to recite every case cured; a brief review of a very interesting one may be sufficient.

O. B., aged 22 years, patient of Dr. Palmer, of Hollidaysburg, was brought to me, suffering from all of the symptoms associated with aggravated posterior urethritis and contracture of the neck of the bladder. He had contracted gonorrhœa about eighteen months previously, and, in defiance of proper treatment, became progressively worse. The urethral discharge was profuse and the urine loaded with pus and bacteria. Frequency had been followed by incontinence, and the patient was compelled to wear a urinal, not having voided urine naturally for three months; loss of weight and strength were prominent features. An examination revealed four ounces of residual urine. The patient was operated upon on the 24th of June, by the method above described,—the after-treatment being conducted as outlined in my technique. He left the hospital ten days after operation, being able to void all urine naturally. A letter received the other day assures me that he is cured.

Perineal drainage has likewise proven curative in many cases of chronic gonorrhœal epididymitis and funiculitis, either unilateral or bilateral, particularly where acute outbreaks occur without apparent cause; and, too, it is beneficial when the seminal vesicles are involved. That this procedure is curative, will be recognized by remembering that the ducts of the deferential vessels and seminal vesicles make up the excretory ducts, which empty into the prostatic urethra. Following operation, drainage, which is essential to a cure, is obtained. As an instance:

V. B., aged 30 years, a dentist, consulted me for recurrent epididymitis contracted a year previously. He was a faithful

patient for over six months, during which time he experienced several relapses, although he carried out my advice concerning sexual and alcoholic abstinence. Topical treatment to the posterior urethra, internal remedies and support of the scrotum were of no avail. Finally I subjected him to perineal drainage. It cured him.

The most urgent necessity for the employment of this procedure, however, is in those who suffer from chronic gonorrhœal prostatitis, to which varying degrees of suppuration have been added, and which fail to respond to other intelligent methods of treatment; such men, too, usually have a coincident involvement of the appendages of the prostate and an inflammation of the seminal vesicles.

It must not be forgotten that a respectable majority of those who have chronic gonorrhœa of the prostate and seminal vesicles do very well, and are relieved from the associated urinary, sexual and rectal distress, by proper massage of the prostate and seminal vesicles, combined with dilatation and irrigation. That many have relapses and fail to recover, is because of the peculiar structural arrangement of the prostate, which invites material through its ducts, but affords no opportunity for drainage and, too, because free drainage is not afforded the seminal vesicles. For this reason operation is indicated, during which it is imperative to always thoroughly massage the prostate and vesicles, since it empties them of their morbid products. This may be quite effectively done while the patient is under an anæsthetic. Where there exists excessive irritability of the sphincter-ani, improve the opportunity to divulse that muscle. Such a procedure may prevent a re congestion of the prostate and may remove the annoying symptoms of weight, tenderness, and pruritus-ani, usually present. Also open any pus pockets, if found, and always overstretch the neck of the bladder. If during operation the surgeon's judgment suggests searing the lobe, because of marked hypertrophy, my modification of Bottini's operation may be practiced, observing the technique outlined in one of my previous articles.\*

To illustrate: A physician, a patient of Dr. A. B. Arthur, was

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\* "The Bottini Operation for Hypertrophy of the Prostate: A Modification of its Technique."—Reprint from the *HAHHEMANNIAN MONTHLY*, August, 1900.



seen in consultation, presenting the following symptoms: Bilateral epididymitis and funiculitis, marked inflammation of the prostate, urinary and rectal tenesmus, constipation, furred tongue, high temperature, rapid pulse and marked sensitiveness over the pubes, likewise an exquisite tenderness in the right inguinal region and iliac fossa. He had experienced a severe urethral inflammation about two years ago, which had resisted well-directed treatment. Because of pain in the right inguinal region and iliac fossa and the associated symptoms, appendicitis was diagnosed by previous attendants. Suspecting the severe pain to be due to inflammation of the right seminal vesicle, I inserted my forefinger in the rectum and confirmed my opinion. Perineal drainage was suggested and declined. After the subsidence of the attack, the patient was transferred to me. After a conservative course of treatment, a second attack decided in favor of operation. The patient left the hospital three weeks afterward, and following a course of irrigations and soundings, covering a period of four weeks, was dismissed, cured. This was a few months ago. The urine is now absolutely free from shreds, and all distressing symptoms have disappeared.

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**VOLKMANN'S CONTRACTURE.**—Edington reports two cases of this interesting condition. The forearm was involved in both. The contracture resulted from the use of splints which had been applied in the treatment of fracture. The partial ischaemia resulted in a coagulation of the muscle fibre, and this was later replaced by scar tissue, causing the subsequent contracture.

The first case was a fractured forearm in a girl 7 years old, in whom splints had been used for six weeks. Contracture was observed at the end of this time. The splint had twice been removed. When the splints were applied, the hand became greatly swollen and the skin blistered. On removal of the splints, the fingers were flexed, and, on extension of the same, great pain. Later the flexor tendons were exposed in the lower third of the forearm, and all of the flexor tendons lengthened by Anderson's method. This operation partly restored function.

The second case, that of a woman 32 years old, had had, seventeen years before, a septic condition of the right forearm. Multiple incisions had been made, and splints worn for two weeks. This was followed by a typical contracture, but function was good, so no operation was resorted to.—*Glasgow Med. Journal*, June, 1903.

## EDITORIAL.

## DIETETIC VAGARIES.

It is a pity that freedom of speech and the liberty of the press could not in some way be restricted, so as to prevent the unthinking public from having presented to it, at times, the veriest nonsense, under the guise of science, which it accepts as gospel truth, only because it is printed. The printed word seems to possess a potent charm for the general public, who allow themselves easily to be hypnotized into an unquestioning faith. The fact that they constantly find the minute account of an incident on one day, contradicted in every particular in the next issue, does not apparently destroy, or even undermine, their belief in the infallibility of the press on scientific subjects, but only renders their faith more elastic, and themselves better fitted to accept, without thinking, all that is offered them.

Although you cannot fool all the people all the time, there is never wanting a sufficient number willing to be imposed upon to make it worth the while for those who, for notoriety or gain, wish to appeal to the credulity of the masses.

In nothing, perhaps, has the public been treated with a more lavish expenditure of useless and harmful misinformation than in the subject of diet. Fortunately, for the good of mankind, the harm is minimized by the fact that nature has given the stomach, or rather the appetite, such a necessarily prominent place in man's organization, with a view to the preservation of the species, that only a minority is led by the fake wisdom, aired in the lay press, to adopt the senseless views so often advocated. These views are put forward by all sorts and conditions of men (and women), from the alleged M.D. up to, or down to, the simple hard-working layman, who, for the benefit of his fellow-men (and incidentally to get his name and face in the paper), tells some imaginative reporter how happily and healthfully he has been able to support life on some novel form or impossible quantity of food. The hitherto unheard of sci-

entist comes forward in the Sunday edition to air a new theory of food-values, deludes a few, gains an ephemeral notoriety, and vanishes into thin air. The efforts to reconstruct mankind on dietetic lines are almost infinite in number and variety. The quantity, as well as the quality, of our food is subject to the attacks of these gastro-maniacs. The traditional and seemingly well-approved three meals a day are cut down to two, to one, and by some to none—and we have the starvation cure and the fasting fad. Or we have at the opposite end of the scale rest and extreme superalimentation.

In regard to quality, we have the raw-food advocates and the endless cookers: meat is cut out of the diet-card by some, vegetables by others, and we should be reduced to nuts and fruits, like our simian ancestors, and then another one comes along and tells us that milk, *per se*, is tuberculous and kills monkeys. There is hardly a possible vagary or absurdity in regard to what we should eat and what we should drink which has not found its promoters and adherents. Even if the Agricultural Department of the United States does announce that nuts are a food, and not merely accessory, that does not yet prove that they are capable, when used alone, of sustaining life in the best normal condition for any length of time.

These various cults have at least this merit, they serve to bring into notice and more general use various articles of food, whether neglected either through ignorance or prejudice, and thus bring about variation in our diet, which is one, if not the chief, requisite of a dietary which shall fully answer the needs of our changing life, with its varied and shifting environments. Uniformity or monotony in food is sure, eventually, to give rise to satiety, loss of appetite, indigestion and malnutrition.

The general principles of dietetics are so simple and self-evident that it is almost inconceivable how any one at all acquainted with them, least of all a medical man, would be led so far astray as some of the theories advanced would seem to indicate.

The human body is continually using up energy, not only in every act of work performed, but in every motion it makes and in every function it performs. The ceaseless beating of the heart and expansion of the lungs; the digestion of the food and the getting rid of the excreta; the production of the



necessary amount of heat, etc., are all carried on at the expense of energy, even while the body seems to be resting in a state of inactivity. Every thought and every motion is attended by physical molecular changes which again necessitate an expenditure of energy. This energy is ultimately, in all cases, one and the same in different forms of manifestation, and can never be *created*, but only appropriated, and changed from latent into kinetic. *Ex nihilo nihil fit*. There must be one outside source of energy; it cannot be created from within. The source of all the forms of energy which we expend is in our food, whose latent or potential energy we make manifest.

In order that life and health should be maintained, a constant equilibrium between the energy used and that appropriated, as well as a certain surplus of unexpended energy for emergencies, must be maintained. The question of food, therefore, resolves itself simply into this, so to regulate our diet according to the demands made upon our energy by climate, mode of life, and amount of work performed, as to preserve this equilibrium and maintain this surplus.

In order to do this a general knowledge of the potential energy of the various food-stuffs is necessary. A food-stuff contains food, but is not a food in the strictest application of the term. The food- or nutritive value of a food-stuff depends mainly upon the form in which the nutrition is presented, and the amount of energy required, in order to appropriate it. A large amount of a nutritive principle may be present in a food-stuff, and yet in such combination, physical or chemical, that it is only partially or with difficulty assimilable by the organism. It has been found that of vegetables from 20 to 40 per cent. of proteid material escapes assimilation, while of meats only about 5 per cent. fail to be appropriated. Just as in mining, a comparatively high-grade ore may contain the mineral or metal sought in such combination as to render its separation too costly to be practicable.

These points, in respect to most food-stuffs, have been carefully and exactly determined in the chemical and physiological laboratories, and the results, found in books devoted to the subject, should be consulted before the would-be reformers venture to promulgate their theories, or to promote their practices. To demand of them an application of their own theories

to the running of a steam-engine would be regarded by them as an insult to their common-sense, and yet the analogy between a steam-engine and the human body is a real one. Neither can do efficient work without an adequate supply of appropriate fuel, and the one in control in each case has as one of his highest duties the providing of that fuel which shall most economically, and without damage to the machine, supply the energy needed. In cases where the supply of the proper fuel has given out, or has not been procurable, engines have been run for a time with some substitute fuel, wood, *e.g.*, has been used instead of coal, but that engineer would be likely to have his license revoked who would, on that account, maintain that wood was the proper fuel used in all conditions. We have, it is true, gasoline-engines, and for them gasoline is the proper fuel, on account of the peculiarity of their construction, and it may be that these food-faddists are constructed in some similar manner, but until the general run of mankind has been "made over," it will find its safety against "blowing out" and "blowing up," in following the indications of a system of dietetics, based upon scientific experiment, and not upon individual idiosyncrasies and preferences, always remembering that, what is one man's meat may be another man's poison.

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#### A MISTAKE AND SOME THOUGHTS AWAKENED THEREBY.

WE quote the following from the *Monthly Homœopathic Review* for July, 1903, under the caption "*Homœopathy Among the Allopaths.*"

"A colleague has kindly sent us a copy of the *Medical News* of New York, for January 24, 1903, in which is a paper on 'Tonsillitis,' by Walter Sands Mills, M.D., of New York City. The aim of the paper is to prove that tonsillitis is an infectious disease, but after discussing this question, he finishes up with the treatment he advises, as follows:

"Aconite in small doses frequently repeated, at the very outset of the disease, is often of service in simple tonsillitis. When the disease has progressed to the follicular stage, aconite is no longer useful. By small doses frequently repeated, I mean

drop-doses of a 10-per-cent. solution every hour, given preferably in water. Osler recommends full doses of aconite, but in my experience the smaller doses are more satisfactory.

"If the fever is very high, pulse full and bounding, face flushed, eyes red, and evidence of intense congestion of the throat are present, a 1-per-cent. solution of belladonna is the best remedy. Bartholow gives good indications for this in his *Materia Medica*. He fails, however, to mention it in the list of remedies for tonsillitis in his *Practice*.

"In follicular tonsillitis the remedy *par excellence* is phytolacca. I use drop-doses of a 1-per-cent. solution every one or two hours according to the severity of the case. Its action is almost a specific. As noted above, I have never had a case go on to suppuration. Bartholow speaks of phytolacca as a glandular remedy, especially as a specific in gathered breasts to prevent suppuration. I am able to endorse that most emphatically and I can speak of it just as highly in follicular tonsillitis.

"If suppuration has already begun when the case applies for treatment, nothing will clear it up so quickly as sulphide of calcium in  $\frac{1}{100}$ -grain doses.

"For the routine giving of a cathartic at the onset of tonsillitis, I never could see a good reason. Quinine and the salicylates are of no special value, at least in my experience. The use of antipyretics with the above treatment is unnecessary."

Then our esteemed contemporary proceeds to comment on Dr. Mills's paper as follows:

"This is really too good. It might have been written by any homœopath. To quote Bartholow is reckoned quite safe, while to quote Hahnemann and homœopaths would not have been so. How long, we wonder, is this sort of thing to go on? For physicians to ignore homœopathy and treat homœopaths as they do, and then to write such treatment as the above, we consider utterly dishonest. They must know perfectly well that it is pure homœopathy, and that Bartholow and others like him have got their knowledge from Hahnemann and other homœopaths. And yet Dr. Mills elects to keep all this in the dark, and one cannot put it down to pure ignorance with the greatest stretch of charity. He takes good care to state no reason for prescribing such treatment—no principle by which



he was guided in advising these medicines, but leaves his readers to suppose that except for Bartholow's authority, it is an original discovery on his part. Truly, the sense of honor in the old school on this one particular subject—homœopathy—is abyssmal. Ordinary trades-union tactics are nothing to this."

Had we not known Dr. Mills personally and enjoyed his friendship for many years, we would have said "Amen" to the criticism above offered. But knowing him, and, moreover, knowing him as a staunch homœopath, the whole thing becomes very amusing. Does the editor of the *Monthly Homœopathic Review* read his exchanges? Has he not observed that Dr. Mills appears as one of the editors of the *North American Journal of Homœopathy*, and has he not noted the many excellent papers from his pen appearing in that journal, as well as in the *Medical Century*, and the *HAHNEMANNIAN MONTHLY*? Moreover, our retrospect editor has taken occasion to criticise him for his advocacy of calcarea 200 in the treatment of gall-stone colic. Surely, with this explanation, our esteemed *confrère* across the water will recognize the source of Dr. Mills's therapeutic inspiration.

Now for our own thoughts pertaining to this interesting matter. The paper was a good one. The critical editor of the *Medical News* thought it good enough for his journal. So far as the relation of the therapeutic advice given, it was orthodox homœopathy; but the author chose to use the allopathic nomenclature rather than that of the homœopathic school. In this way he gave the allopathic readers a chance to read some homœopathy. Had he made use of 1x instead of 10 per cent., or of 2x instead of 1 per cent., his paper would have been declined with thanks. In other words, Dr. Mills played a trick, and the editor of the *News* swallowed the bait.

Another thought comes home to us. As we have said before, the editor of the *News* thought the article good enough for his readers. This is a good lesson for those homœopaths who do not think homœopathic treatment or literature good enough for them, and search in vain for better things.

Now we come to the subject of homœopathic physicians writing for old school journals. We approve of it under certain conditions, namely, that the editor of the journal accepting the contributions does not hide the identity of the author.

To illustrate: Not long since a colleague contributed a most excellent paper to a prominent medical weekly. In his text the author mentioned specifically the hospitals at which the cases were operated, *e.g.*, "Hahnemann," "Homœopathic," etc. The editor of the journal in question carefully "blue-pencilled" every vestige of evidence to show the identity of the author, and what is more, he did it without the latter's consent.

Another colleague offered a paper read before the Surgical and Gynæcological Society of the American Institute of Homœopathy to an old school journal, insisting upon the condition that the Society be recognized in the publication of the paper. This was refused, and the manuscript returned; all of which inured to the advantage of the readers of the HAHNEMANNIAN MONTHLY.

Why do homœopathists send their papers to old school journals? Because they wish to have their observations on record in the various indexes of medical literature. In other words, to get recognition. We do not consider that they get recognition unless they are recognized, which they certainly are not unless the editor appends the professional connections of the authors with certain hospitals and colleges, or notes the society before which the paper was read. For a homœopathic author to publish a paper read before one of his societies in an old school journal without insisting upon the condition that the paper be credited to the society is a direct slur on his colleagues. Strictness in observing this rule is of the greatest importance. It is asserted too frequently by old school editors themselves that homœopathists never contribute anything of value to the advancement of medicine or surgery. This being the case, we must guard our literature with a jealous eye, and do everything possible to maintain a high standard, especially in our own special province, general medicine and therapeutics. At the same time, our specialists must never hide their identity, and must come to the aid of our general practitioners.

In closing, we need only remark that Dr. Mills's paper was evidently contributed to an old school journal, not to secure recognition of himself, but of homœopathy. With this purpose we regard his effort a most successful one, and extend our congratulations accordingly.

## GLEANINGS.

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**ABSCESS OF THE SPLEEN.**—Cipollino reports the history of a case of splenic abscess in a man aged 22 years. This condition is rare, and but few cases are on record. In almost all instances the abscess is secondary. The splenic arteries being, as is well-known, terminal, there is a liability to infarcts and necrosis of circumscribed areas of the organ. The case reported is of special interest because it shows that splenic abscess may sometimes be of tuberculous origin, for tuberculosis was produced in animals by the injection of pus from the spleen of the patient. The bacillus coli was, however, found, on examination, in the pus. The most important symptom is fever. This may be continuous or remittent, but in most cases it is typical of pyæmia. A pyæmic fever which develops during convalescence from an infectious disease, and which is accompanied by other symptoms of local character, points to suppurative process somewhere in the body. The other general symptoms are allied to the fever, and consist in the typhoid state, weak and rapid pulse, etc. The local signs consist of tumor in the splenic region and pain. The tumor is only diagnosticated when of considerable size, and when fluctuation is to be detected. The pain varies and may not appear until late. The characteristic position of the patient is upon the back, with the trunk flexed laterally.—*N. Y. Med. Journal.*

Herbert P. Leopold, M.D.

**THE RESULTS OF BRAIN SURGERY IN EPILEPSY AND CONGENITAL MENTAL DEFECT.**—Spatling, of Sonyea, N. Y., gives his results of his work at the Craig Colony for epileptics as follows: Results in 111 cases: 19, or 17 per cent., died in consequence of operation; 25, or 22.5 per cent., were operated on with no results; 10, or 9 per cent., were operated on with slight results, but not satisfactory; 24, or 21.5 per cent., were improved in stated ways; 30, or 27 per cent., improved without reports as to their character; 3, or 3 per cent., with no reports as to the results given in general.

Then follows a summary of results in 83 more permanent cases: 20, or 24 per cent., died; 54, or 65 per cent., unimproved; 9, or 10½ per cent., improved.

The 9 who improved showed it mostly in being quieter. The sudden lull in purposeless activity that follows the operation in some cases must not be mistaken for gain in mental powers. The opposite is generally the rule.

If the epilepsy is general and of some years' duration, a cure is scarcely to be expected, though in selected cases operations may ameliorate the symptoms to a marked extent—temporary amelioration being oftener obtained than that which is permanent. If the epilepsy is unessential, reflex, rudimentary in type, or of short duration, and the operation removes the cause early enough, we may expect the convulsions to cease in many cases, provided the patient is free from the vices of heredity that are always beyond the reach of



the knife. The fact that such operations are so few now, compared to what they were ten years ago, is the strongest argument against its utility in the great majority of cases. It may still be used in notable cases of idiocy, but it seems clear that it is slowly finding its position in rational treatment along a plane far lower than seemed possible at the time of its inauguration.—*N. Y. Med. Jour.*

Herbert P. Leopold, M.D.

**SURGICAL HINTS.**—A good blunt retractor can be made by bending over the handle of a spoon. For a sharp retractor bend the tines of a fork at right-angles.

In the case of an intoxicated person who has received a severe injury, it is always best to empty the stomach at once by means of the stomach-tube.

Never give an emetic to cause the expulsion of a foreign body, unless it is known that the latter is of such a size and form that it can easily repass through the œsophagus.

In every severe injury of the hand or fingers perfect rest is desirable, and it is always of advantage to place the hand on a splint so that the patient will be unable to use the fingers.

It is never wise to anæsthetize a patient in the presence of many people. It renders them more agitated and nervous. It is preferable to anæsthetize in an adjoining room, or to cause all but the anæsthetist and one assistant to leave the room until the patient is thoroughly under the influence of the anæsthetic.

In giving ether it is a mistake, after anæsthesia is complete, to continue it until it becomes very profound, and then to leave it off until the patient shows signs of returning consciousness. Allowing the patient one breath of pure air to every four or five of ether will commonly keep him in excellent condition, while the anæsthesia is effective and safe.

For removal of fish bones, pins, needles, etc., from the upper part of the œsophagus, if a bristle-probang is not at hand, make a little ball of absorbent cotton, lubricate it with a little butter, after it has been tied to a string, and cause the patient to swallow it. By pulling it out again with the string the foreign body can often be removed.

Remember that bichloride of mercury, carbolic acid and iodoform may all cause systemic poisoning, even in the small amounts commonly employed for dressings. The sublimate gives rise to diarrhœa with pain and a rising temperature. Carbolic acid poisoning is attended by the well-known changes in the urine, sometimes with severe vomiting, lowered temperature and collapse; while iodoform may cause collapse, or a rise of temperature, with a weak and feeble pulse, and delirium and drowsiness, particularly in children.

Herbert P. Leopold, M.D.

**THERAPEUTIC SUGGESTIONS IN DIPHTHERIA.**—Louis Fischer, M.D., says: The specific treatment of a case infected with diphtheria consists first and foremost in giving it the required dose of antitoxin. The dose depends upon the severity of the infection. The usual amount required for a very mild case in a child from 1 to 5 years old is 1500 units. If there is no effect noticeable within twelve to twenty-four hours, then the second injection of the same quantity should be repeated. A child 5 to 10 years of age should be given at least 2000 units at its first injection, to be followed in twelve hours by another if there is no amelioration of the symptoms.

When dealing with a severe toxæmia with marked general depression and large pseudo-membranes in the throat, then at least 3000 units of antitoxin should be injected in the beginning. When the cervical lymph-glands are enlarged, and there is slight or severe evidences of stenosis, 3000 units should be injected at once.

If twenty-four hours after the first injection there is no visible effect on the pseudo-membranes, the child is not brighter, the appetite is poor,—if there is no visible improvement,—then by all means inject a second dose of antitoxin.

The necessity for the third injection depends upon the pulse, temperature and the conditions of the glands of the neck, and the microscopic condition of the throat. If no improvement exists, then the third injection is imperative.

There are contributing factors leading to a fatal termination. The presence of the streptococcus, in addition to the Klebs-Löffler infection, is important. In these mixed infections we have, in addition to the general diphtheria, a distinct streptococæmia.

In these cases antitoxin is inert as regards the streptococcus. We frequently have bronchopneumonia, nephritis, arthritis, otitis and local abscess as the result of the invasion of the streptococcus.

The bacteriological findings will determine the presence of a single or mixed infection. If we can inject a sufficient quantity of antitoxin to stimulate cell activity and neutralize general toxæmia, then we give the patient the best chance to eliminate the deadly poison.

As to the restorative treatment, use milk, oatmeal, barley, concentrated meat broths, chicken broths, etc.

*Local Treatment.*—Remove all putrid discharges from nose and throat, using normal salt solution, or permanganate of potash. Lugol's solution of iodine (half-strength) is to be recommended, applied by means of an absorbent mop. Peroxide of hydrogen is to be set aside for a steam atomizer containing a 2-per-cent. solution of sulphurous acid.

*Stimulation.*—Use of strychnia and whiskey is recommended for children, and can be borne very well.—*Medical News*, July 18, 1903.

William F. Baker, A.M., M.D.

THE HAND IN RAILWAY SURGERY.—(Godshaw.)—The best and most rational way of treating surgical emergencies to the hand in the railroad and factory employee is as follows:

- (a) Control hæmorrhage.
- (b) Remove all foreign matter by scrubbing with ethereal soap and hot water.
- (c) Give nature a chance by doing patchwork.
- (d) Suture nerves and tendons with sterilized catgut.
- (e) Use aseptic materials and dressings.
- (f) Avoid meddlesome surgery, and do not disturb first dressings, if possible, for one week. Watch pulse and temperature.
- (g) Practice conservatism and utility.
- (h) Use some dry antiseptic powder, as iodoform is objectionable.
- (i) Amputate as a last resort.
- (j) Following upon these excellent observations, he adds to keep away from courts.—*American Journal of Surgery and Gynecology*, June, 1903.

**CHRONIC CYANOSIS.**—(Osler.)—Chronic cyanosis is met with, (a) In organic disease of the heart, particularly congenital malformation, in chronic myocardial and tricuspid lesions in children and in adults, and in cases of adherent pericardium.

(b) In certain diseases of the lungs, particularly emphysema, and in long standing pulmonary tuberculosis of the fibroid type. Practically, there are only two conditions in which patients walk into the office with extreme cyanosis, viz., congenital heart disease and emphysema.

(c) In the methæmoglobinaemia of chronic poisoning with coal-tar derivatives, as antipyrin, acetanilid. In this condition the patient may startle one by his cyanotic hue.—*The American Journal of the Medical Sciences*, August, 1903.

William F. Baker, A.M., M.D.

**CHRONIC GASTRITIS.**—G. W. McCaskey has made a study of six hundred cases of chronic gastritis, occurring in the course of a private consultation practice, and, therefore, belonging for the most part to the severer type of cases. In nearly all cases there was made, in addition to a routine chemic and microscopic examination of the stomach contents, a more or less complete study of the blood and of metabolism, as well as a routine microscopic examination of the fæces, and especially of material obtained by flushing of the colon after evacuation of the bowels. The author says that when he finds excessive quantities of thick mucus saturated with HCl, and containing the usual microscopic findings of inflammation, he cannot doubt the coexistence, for at least a time, of chronic gastritis and increased HCl secretion, although he has no doubt but that many of these cases might, and probably would, terminate in diminished and even absent HCl secretion from ultimate destruction of the granular elements. In a large number of cases quite severe grades of chronic gastritis were present, with complete absence of stomach symptoms. In the majority of cases there was evidence of impairment of gastric motility. The general treatment is of first importance, and is based upon a careful study of nutrition, metabolism, elimination, the vascular and nervous mechanisms, and the blood. To meet the varying grades of sub-nutrition it is his practice after one or two cleansings, disinfecting, and local stimulating treatments of the stomach, to place the patient on at least two daily liberal meals of meat, stale bread, and well cooked cereals, with a light noon meal of broth and some cereal food. As to therapeutic measures, he resorts to hydrotherapy, electricity, massage, chamber gymnastics, and outdoor exercise. Lavage is indicated, as a routine measure, only in cases where there is a considerable amount of mucus or other *débris*.—*New York Medical Journal*, August 13, 1903.

William F. Baker, A.M., M.D.

**THE USE OF A MYDRIATIC AFTER THE AGE OF 45.**—One hundred letters were sent out to the various ophthalmic surgeons throughout the United States asking the following questions:

1. What is your practice in regard to the use of mydriatics or cycloplegics in refraction works in patients beyond 45 years?

2. If they are used frequently, what advantages and what disadvantages or danger, if any, do you find in such use?



3. If they are used infrequently, or not at all, is their omission due to disbelief in their utility or to fear of bad effect?

4. Is the belief in the advantages and disadvantages theoretical, or the results of your own experiences?

5. Can you cite cases in your own practice in which glaucoma has seemed to be caused or aggravated by the use of these drugs?

Ninety of the one hundred to whom letters were sent replied. The replies are classified, as well as may be, according to the answers to the first question. Three classes are made: First, those who do not use them at all; second, those who use them rarely; and, third, those who use them frequently.

Classified in this way, it is found that of the ninety replying twenty-two never use cycloplegics for refraction work after the age of 45, thirty-two use them rarely, and thirty-six use them frequently. Of the first, two have used them repeatedly for experiment, and have discontinued such use because they find they secure equally good results without them. Of the latter, seventeen use them in a majority of cases at first examination. There is a very commonly expressed fear of glaucoma resulting from the use of these agents, but twenty-five state that they have no fear of producing increased tension in any case where there is not already the commencement of the glaucomatous process. Thirty-four have seen glaucoma caused or aggravated in their own practice, and eleven have seen such cases in the practice of others, while forty-one have seen no such cases. Thirty-six cases of glaucoma, either produced or aggravated, are mentioned.

No age can be arbitrarily fixed beyond which mydriatics must not be used; and while they are as necessary in certain cases after 45 as they are before, they are required in fewer and fewer cases as life advances. But since there is more danger of glaucoma in the elderly, and as mydriatics tend to increase the intraocular tension, these drugs should be used with caution after the age of 40, and in certain cases should not be used at all.—H. M. Starkey, Chicago, *Annals of Ophthal.*

William Spencer, M.D.

**X-RAYS IN TUBERCULAR CONJUNCTIVITIS.**—Stevenson reports a case of tuberculosis of the conjunctiva, occurring in a girl aged 4 years, which was cured by the use of the X-rays. The disease had lasted two months. The palpebral conjunctiva was bestrewn with miliary granulations and folds of cockscomb-like tissue. The submaxillary glands on the same side were enlarged. Tubercle bacilli were found in sections of the granulations, and inoculation into a rabbit's eye resulted positively. The affected conjunctiva was exposed to the X-rays at a distance of six to ten inches from the focus tube, for an average period of ten minutes at each sitting. Nine such exposures were made in the course of a month, when the conjunctival malady was practically cured. The enlarged glands, however, became large and were eventually removed.—*N. Y. and Phila. Med. Jour.*

William Spencer, M.D.

**CASE OF A MAN BLIND FROM CONGENITAL CATARACT, WHO ACQUIRED SIGHT AFTER AN OPERATION WHEN HE WAS 30 YEARS OF AGE.**—Ramsey gives a graphically written account of an intelligent man, now 30 years of age, who was born blind. Notwithstanding this disability, the man managed

to perform almost skilled labor, and to get about his native village in an extraordinary way. The eyes were small, moved aimlessly in the orbits, and showed an alternating convergent squint; the crystalline lenses were completely cataractous; perception and projection of light were perfect. At an interval of a week between the two operations, Ramsey removed the cataracts from both eyes. For about ten days after the operation on the left eye the patient appeared to be dazed and unable to realize that he was seeing.

The first thing he recognized was the face of the house-surgeon, and red was the first color. The most difficult color he found to be green, but he is now able to name all the ordinary tints correctly. On the first occasion when he saw yellow he became so sick that he thought he would vomit. The patient quickly learned his letters, and he will soon be able to read.

From the first, he saw everything in its actual position, thus showing that the retinal inversion of an image is interpreted psychically, without any education. Size and distance were estimated better than might be anticipated. The patient has still very little control over the movements of his eyes. The fundi oculorum, however, appear to be normal.—*Lancet*, May 16, 1903.

William Spencer, M.D.

**MYOPIA AND SCHOOL LIFE.**—Examinations of over 200,000 pairs of eyes and careful tabulation of the results, in the Boston public schools, show that nearly all children enter the primary schools with normal eyes.

In the higher grades one-fourth of the pupils are myopic, and in universities this increases until from 60 to 70 per cent. of the students are myopic. In other words, nearsightedness increases steadily from the lower to the higher grades, and in exact proportion to the length of time devoted to the eye strain of school life.—*American Medicine*.

William Spencer, M.D.

**ADULTERATION CAUSES BLINDNESS AND DEATH.**—A correspondent sends the following extracts from the *Waukon Standard*, suggesting that the result may have been due to lemon extract made with wood instead of grain alcohol.

Clarence Floyd, a printer and newspaper writer, of Central Point, Iowa, died last week after a protracted period of heavy drinking. Lately he had been unable to purchase liquor, no one daring to sell it to him, but somehow he got a hold of two dozen bottles of lemon extract. He drank all but three of these bottles, and he went blind on the streets. Then he grew violent and physicians were summoned. They could do nothing for him, and he died in horrible agony.—*Jour. Amer. Med.*

William Spencer, M.D.

**RESULTS OF OPERATION ON THE KIDNEY FOR TUBERCULOSIS.**—(Garceau.)—The author presents the following conclusions:

1. Tuberculosis is rarely, if ever, primarily in the kidney, and the original focus is in some other organ in more direct contact with the external air in the majority of cases.

2. The presence of a primary focus of disease in the body, even if the disease has been thoroughly eradicated from the urinary tract, makes the ultimate prognosis doubtful.

3. Such foci may remain permanently quiescent, but they may also become excited into activity by a general low condition of the system.

4. Patients should be told of the danger and should lead lives of the greatest regularity. A change of climate is very beneficial.

5. Reported cures of long duration occur, but they have been few.

6. Nephro-ureterectomy should be done in all cases where the ureter is diseased.

7. An abandoned tuberculous ureter is an especial source of danger on account of the great liability of subsequent tuberculosis.

8. Resection is not justifiable.

9. Nephrotomy alone should not be done.—*Annals of Surgery*, Oct., 1902.

William F. Baker, A.M., M.D.

TRANSMISSION OF BOVINE TUBERCULOSIS.—(Koler.)—A careful review of the cases recorded, we think, justifies the author's conclusions, which are, viz.:

1. Tuberculosis may be transmitted to man in milk from tuberculous cows. The danger from this source is real and cannot be measured by the actual number of cases recorded, but should be judged, in part, by the inoculation and feeding experiments and the accidental wound infections which have established the intercommunicability of bovine and human tuberculosis.

2. The degree of danger may also be estimated by the prevalence of bovine tuberculosis and of the forms other than phthisis pulmonalis in man, remembering that the infectious qualities of milk are greatest when the udder is the seat of the lesions, and that Gebhardt's experiments have shown that tuberculous milk, when diluted with milk of sound animals in the proportion of 1:40, lost its infective power.

3. The experimental studies also indicate that while the bacilli of human tuberculosis possess different degrees of pathogenic power and are of feeble virulence for cattle, Koch's assumption that human and bovine tuberculosis are distinct, and that human tuberculosis cannot be conveyed to cattle, appears to be disproved, and his failure to secure results may be attributed to the use of human bacilli of diminished virulence.

4. Recent investigations have strengthened Smith's claim that there are two types of bacilli—the so-called bovine and human types, possessing certain morphological and biological differences, but it has been shown that virulent cultures may be obtained from both of these types, which when inoculated into animals produce the disease in question.

5. Further research seems desirable with the view of determining the frequency of primary intestinal and abdominal tuberculosis in all cases which come to autopsy, whether the child perished from tuberculosis or not; and in these autopsies the bacteriological examination should be directed to the existence of the two types of tubercle bacilli originally referred to by Smith, and whether the bovine type predominates in the so-called scrofulous lesions.

6. Careful chemical analysis of the milk of tuberculous animals should be made with a view of determining the amount of phosphoric acid as compared with the quantity in normal milk, since it appears probable from DeSchweinitz's biochemical researches that the excess noted by the older chemists is really the result of bacterial activity in the udder of the cow.

7. In the meantime, the pathologist has no occasion to reverse his opinion as to the identity of human tuberculosis with that of bovine, and the sanita-



rian has no reason to assume that the human subject is immune against infection of bovine bacilli, or is so slightly susceptible as to cause him to relax his efforts in preventive measures.—*The American Journal of the Medical Sciences*, October, 1903.

William F. Baker, A.M., M.D.

TABES IN THE NEGRO.—(Hecht.)—The conclusions reached are :

(a) Long residence with the white man has made the African negro anthropologically, physiologically and pathologically different from his African ancestors.

(b) The constitutional variation has been wrought by acclimatization, social environment and, more than all else, by miscegenation.

(c) The influence of miscegenation and the advent of personal liberty are responsible for a new era of diseases.

(d) The newer diseases in the negro, of which tabes is an example, are fast becoming more commonly recognized, miscegenation being regarded as a potent factor in reducing the negro's resistance to disease.

(e) Tabes exists in the negro, perhaps more commonly than has been supposed, and failure to recognize it may be due to the abeyance or total absence of ataxic symptoms in the amaurotic type.

(f) The Edinger-Marie observations show the optic atrophy to explain that class of cases in which tabes is arrested by blindness.

(g) Aryan admixture is essential to the production of tabes in the negro.—*The American Journal of the Medical Sciences*, October, 1903.

William F. Baker, A.M., M.D.

CHRONIC NEPHRITIS WITHOUT ALBUMINURIA.—(Elliott.)—From the above well-written article we may gather :

1. Latency of symptoms is so constant a characteristic of chronic interstitial nephritis as to almost constitute its most salient feature. This obscurity involves all manifestations (symptomatic, physical and urinary) and prevails throughout the entire course of the disease.

2. Latency of symptoms does not constitute a point of absolute distinction between the early and advanced stages, or between the mild and severe forms of the malady.

3. Symptoms are especially liable to be absent, and urinary signs uncertain, during the early stage of a chronic interstitial nephritis; consequently, the diagnosis during this period must generally be made from physical signs, rather than symptoms or urinary changes.

4. Albumin is absent from the urine of this form with great frequency. It may be frequently absent during the early stages. It may occasionally be absent all during the disease until it enters the final stage. It may remain altogether absent. Albuminuria is, therefore, an unreliable sign, but when present and associated with physical signs and urinary manifestations, it serves to complete the diagnosis, but if absent no contrary inference is justifiable.

5. More reliable evidence of kidney change is the diminution in the gross amount of urinary solids, and equally significant is the presence of casts.

6. Chronic interstitial nephritis never exists as a clinical recognizable condition without the presence of casts in the urine.

7. The secondary circulatory changes following are so constant and characteristic as to furnish sufficient ground for the recognition of the disease.—*Medical News*, September 19, 1903.

William F. Baker, A.M., M.D.

MAMMARY CYSTS IN THE DIFFERENTIATION OF BREAST TUMORS.—Abbe claims the gross appearance of cysts resemble malignant tumors, and that cysts are much more common than they are generally supposed to be. Out of ninety-seven cases of breast tumor, forty-one were cases of mammary cyst. Cysts may be localized in any part of the gland, the scirrhus tumors are almost exclusively distributed between the nipple and the axilla. The localization of a scirrhus tumor is on the axillary side of the nipple, and means a progressive advancing absorption of some infection having entrance at the nipple usually, and advancing by the main lymphatic channels. Cysts, on the other hand, are localized in any part of the gland. A tumor in the lower half is probably a cyst. A cyst is usually deeply placed, never dimpling the skin, and not drawing the nipple; in the majority of cases no fluctuation can be elicited.—*Medical Record*, August 15, 1903.

Bernard E. Bigler, M.D.

A STATISTICAL STUDY OF THE POST-MORTEM FINDINGS IN ONE HUNDRED AND SEVENTY-ONE CASES OF LOBAR PNEUMONIA.—(Kerr.)—Perhaps a general impression may be had from the gleanings, but to be appreciated the article must be read and statistics looked over. It is summarized:

1. The maximum frequency of deaths from pneumonia is from 35 to 40 years, while of those due to all causes it is in the next decade.

2. Fatal cases are somewhat more frequent in males.

3. There is a preponderance of unilateral cases, of the right side over the left, and of the lower lobe over the upper. Crossed pneumonia is rare.

4. A majority of the cases are in the stage of gray hepatization.

5. Edema of the lungs and bronchitis are common, while abscess and gangrene are rare.

6. Acute parenchymatous changes occur in the parenchymatous organs with marked frequency.

7. The serous membranes are involved in the following proportions: Pleuritis, 70 per cent.; pericarditis, 12 per cent.; endocarditis, 8 per cent.; meningitis, 6 per cent.; peritonitis, 5 per cent.; arthritis, very rare.

8. Pericarditis occurred with pneumonia of the lower lobes in all but two cases, and of the right middle lobe in these two cases. In Stevens's series it is found with the upper lobe alone in four cases.

9. The preponderance of vegetative endocarditis and the preference for the mitral valves differ from the usual experience.

10. The frequency of meningitis associated with endocarditis is noteworthy.

11. Jaundice does not seem to be accompanied by any uniform change in the liver.

12. The frequency of occurrence of pneumonia as a terminal infection is noteworthy. The presence of chronic pathological lesions in a large number of cases is remarkable. These findings are of importance from a standpoint of prognosis chiefly.—*Medicine*, October, 1903.

William F. Baker, A.M., M.D.

**OXYGEN IN ASPHYXIA NEONATORUM.**—Although the therapeutic use of oxygen has, as a rule, been unsatisfactory, Zangemeister claims that its application in asphyxia neonatorum is extremely important and useful. The rapidity of its action and the success attained from its use make it a most valuable aid. He uses a thin rubber bag, which he fills from a portable tank. By means of a catheter in the trachea, the oxygen is forced into the lungs by making gentle pressure on the bulb. After the lungs have been distended, he then makes gentle pressure on the chest and forces the air to escape. The catheter must be of small calibre, so as to allow the oxygen to escape alongside of the instrument. The lungs having been emptied, he then repeats the process. The skin promptly assumes a red hue under the action of the oxygen. Other methods of stimulation are more effectual when used in conjunction with this one.

Aug. Korndærfer, Jr., M.D.

**LIGAMENTUM SUSPENSORIUM FUNDALIS MEDIUM.**—This name, proposed by Fritsch, has been adopted by Michel in describing a ligament which has developed after a ventral fixation of the uterus. It is a fibrous band extending from the fundus of the uterus to the parietal peritoneum, and may in some cases become extremely long and cause the development of symptoms. He cites a case in which it developed to the length of 15 cm. He claims that the attachment of the uterus should be more extensive, thereby making firm fixation.

Aug. Korndærfer, Jr., M.D.

**GYNÆCOLOGICAL ITEMS OF INTEREST.**—Arteritis or phlebitis in the umbilical cord was found to be present in 15 out of 31 cases of undoubted syphilis that were examined by Bondi. In 100 other cases examined where there was no syphilitic history these conditions were not found. In all of the specific cases the lesion was one of inflammation with exudation.

Wolf says that there have been 581 cases of contracted pelvis delivered in the Berlin Charité in the last ten years. The conjugate vera was 9.75 or less in 397 of these cases. In 99 cases the labor preceded spontaneously, and in 161 forceps were used. High forceps in 71 and 14 times unsuccessfully. Craniotomy was carried out 51 times. The foetal mortality is markedly decreased by high forceps and prophylactic version, but still craniotomy must be resorted to in certain cases. He cites a woman delivered 12 times in the clinic, whose conjugate vera was 7.5 cm. Craniotomy and version were used and 4 children were delivered alive.

Bucura reports the puerperal mortality in the Chrobak clinic from 23,639 maternity cases in the last seven years as 2.79 per cent. As there are from 8 to 18 cases delivered a day, and as there is only one bathtub, they have resorted to a bath with running water, having the patient in a shallow tub and washing the external genital organs with a 1 to 1000 bichloride of mercury solution. In no case is a douche used in a woman with a healthy vagina. The morbidity was 10.05 in 6505 cases and the mortality 1.2 per 1000. A morbidity of 27.3 per cent. and a mortality of 35.6 per 1000 was observed in 161 operative cases. The mortality of those examined and treated in the clinic was very much less than that of those examined before entering the hospital. Stroganoff believes that his morbidity has been reduced from 15 to 7 per cent. by the bath with running water.



Kundrat, of the Wertheim Clinic in Vienna, in an interesting article, states that he found the parametrium involved in 44 out of 80 cases of carcinoma of the cervix. He examined 21,000 sections under the microscope and found the parametrium clear in 22, and in 8 the glands were involved, while the parametrium was free. In 18 both were invaded. The lymphatic vessels were carcinomatous in but 2 cases.

By an intoxication of the blood having its origin from the periphery of the ovum and possibly syncitial in source, Behm explains hyperæmesis gravidarum. Six cases treated by him, with this idea in view, with salt solution in the rectum, recovered so quickly that he believes his theories to be confirmed.

Dührssen claims that it is not always possible with the Bossi dilators to sufficiently dilate the cervix in a short time, and especially without tear and bleeding. He claims that the method should not be recommended to the practitioner. He prefers his lateral incision and the vaginal Caesarian section.

The Shauta Clinic of Vienna report against the Bossi dilator, claiming that the process is not like that of nature, and that lacerations are prone to take place.

In the "Rudolf Chrobak" number of the *Wiener Klin. Wochenschrift*, Vienna, published on the occasion of his sixtieth birthday, Hitschmann and Volk examined the placenta of 22 cases known to have syphilis, and declare that they find in the placenta no change which they can positively say is due to syphilis. None absolutely characteristic of the disease.—*Archiv f. Gynækologie*, Berlin.

From the first Frauenklinik in Budapest, Richard Freund gives us a modified Tarnier Axis-traction forceps. He claims that the three most important advantages of the Tarnier instrument are retained, and besides that there is a free movability of the head with and in the forceps. The handle of the forceps is cut off directly behind the locking-screw, thereby more evenly balancing the instrument. The extra weight of the handles is so great, he claims, that after the instruments have been correctly applied, the weight alone will cause a spontaneous sinking and a consequent alteration of the grip on the child's head.

Baumm reports two deaths from sepsis in cases where he had used the extramedian operation of Gigli. In performing this method of pubiotomy he encountered a large amount of hæmorrhage, and the bladder and vagina were lacerated.—*Centralblatt f. Gynækologie*, Leipsic.

Aug. Korndærfer, Jr., M.D.

PROPHYLACTIC MEASURES TO PREVENT THE SPREAD OF VULVOVAGINITIS IN HOSPITAL SERVICE.—Koplik, with his customary thoroughness and keen insight, has studied the subject of vulvovaginitis in children from the standpoint of its contagiousness and prevention. A fact regarding this disease must appear startling to the practitioner not having had much experience with children's hospitals, namely, that this affection resembles more closely the exanthemata in its manner of spreading from child to child without leaving any clue as to the manner in which the spread took place, than any other disease. The exact method of infection is unknown; it can only be surmised that infectious material becomes implanted on parts of the fingers of the nurse, or is conveyed by napkins, catheters, thermometers, etc. Epstein found that

pure cultures of the gonococcus rubbed on the vulva did not always produce vulvovaginitis.

Dr. Koplik relates several interesting cases which demonstrate how rapidly the disease may become epidemic in a hospital ward, and he describes in detail the precautions and preventive measures necessary to successfully prevent such a contingency.—*Archives of Pediatrics*, October, 1903.

C. Sigmund Raue, M.D.

**MEDICINAL TREATMENT OF THE GLYCOSURIA IN DIABETES.**—Dr. Martin Kaufmann has tried the chief remedies recommended in diabetes mellitus, both in the hospital service and in the private clinic of Prof. von Noorden, of Frankfort-on-the-Main, Germany, a place where a great number of diabetics are met with.

Opium and its derivatives have enjoyed for a long time the reputation of being antidiabetic, and to a certain extent it is justified. Out of eleven cases he had six successes, two doubtful cases and three failures. In two notable cases the drug caused the last trace of sugar to disappear from the urine. No injurious effects were observed. The opium preparations are not certain in action and cannot be generally used.

The bromide of potassium is useful in cases of slight glycosuria, combined with neurasthenia. Thinking that the excretion of sugar might be in relation with internal fermentative processes, he administered the bichloride of mercury, in doses of 5 mgms. to 1 cgm., in three cases; in two there was a slight improvement; in the other, a mild case, it wholly failed.

Phenic acid has long been employed in diabetes, and its action being like that of the salicylates he studied these latter. Given in doses of 3 to 4 gms. a day, it had no effect in eleven cases of grave glycosuria; in five others the effect was mediocre and doubtful, but in two cases the effect was favorable. In eleven mild cases there was but one complete failure, and in eight the glycosuria diminished considerably, while carbohydrates were better borne. The salicylates had no injurious effect, and, above all, not on the appetite. Salol acted like the other salicylates. Five patients were treated with hydroquinone without the least effect. Antipyrine affected the appetite and caused vomiting. Piperazine not only had no beneficial effect, but aggravated one case. Dr. Kaufmann also experimented with a number of ferments and organic extracts. Brewers' yeast, in one patient, was negative. Extract of hepatic substance, in two cases, had no pronounced action. The glycosuria, however, seemed slightly to decrease. Pancreatic medication, in seven cases, had no efficacious influence. Amongst the vegetable preparations, jambolanum, in two cases, brought about an appreciable diminution of the amount of sugar in the urine; the effect was slight and ceased as soon as it was left off. The preparations of myrtle, linseed and bean-pods, recently recommended, were without any influence.

Prof. von Noorden uses a great deal of the alkalies in the treatment of diabetes, in order to prevent poisoning by acetic acid compounds. He has never noticed that they exert a favorable influence on the quantity of sugar excreted; on the contrary, certain mineral waters have an undeniable therapeutic action. The lime salts resemble in their action the alkalies. Dr. Kaufmann prescribes them in order to facilitate the digestion of milk and cream. The uranium salts have never seemed to act favorably. To sum up, opium, the

salicylates and jambolanum are the three drugs of service. One should not employ opium in mild cases, for dietetic regulations will suffice; besides, in these cases, curiously enough, opium will not act well. In serious ones, on the contrary, where the proper diet does not control the sugar, and especially where there is a complicating neuralgia, a neuritis, a cataract, or amblyopia, it may be used, for these complications are better treated if the sugar disappear from the urine. The salicylates are incapable of ameliorating a serious glycosuria, but they may be useful in mild cases, causing the last traces of sugar to disappear and increasing the tolerance for carbohydrates. The indications for jumbul are more obscure. It is a remedy which may be tried.—*Zeitschrift fuer Klinische Medicin*, xlviii., 3-4, 5-6.

Frank H. Pritchard, M.D.

**JOINT AFFECTIONS IN HEREDITARY SYPHILIS.**—Prof. Eugen v. Hippel, of Heidelberg, finds that hereditary syphilitic joint affections are frequent, easily controlled and cured by the iodides and mercury, while under other treatment they persist in spite of the best seemingly indicated remedies. Hence, the importance of a diagnosis of the disease. Ophthalmologists often recognize hereditary syphilis before others on account of the hereditary syphilitic keratitis. Hutchinson and Fournier have called attention to their importance. Foerster (1876) said: "That serous effusions into joints, and particularly the knee-joint, which cause but little pain and rarely fever, never great swelling of the fibrous parts, or give rise to a clinical picture of tumor albus, are syphilitic. The affection will most always disappear in four to six weeks. It is dependent on a pathological condition of the articular cartilage, which is similar to that of the cornea." Especially are joint involvements in those syphilitic persons who, during their early years, have not had antisymphilitic treatment, and who present keratitis syphilitica hereditaria. Prof. v. Hippel has never made a diagnosis from the eye affection alone, but from the family history, radiating scars about the mouth and nostrils, saddle-nose, ozæna, Hutchinson's teeth, labyrinthine deafness or painless otitis media, periostitis tibiæ, defects or cicatrices on the palate, glandular swellings, etc. In the great majority of the cases the knee affection was bilateral. The age varied from 1 to 25, the majority being affected from the sixth to the tenth years. In nearly all the joint involvement preceded the keratitis. A spontaneous recovery after weeks or months without treatment is possible. The effusion, which is serous or sero-fibrous, is bilateral; originates without trauma, causes little or no fever, produces but slight subjective disturbances and ends without leaving any lasting changes. He concludes that:

"Syphilitic joint affections are frequent in the later stages of hereditary syphilis, and, as they are more frequent than Hutchinson's teeth or labyrinthine disease, therefore, in every case where hereditary syphilis is suspected, one should carefully inquire with regard to preceding joint affections. A positive evidence may substantiate the diagnosis."—*Muenchener Medicinische Wochenschrift*, No. 31, 1903. (Prof. Jordan, of Heidelberg, in the same number of this journal, reports two illustrative cases and adds one from Barthélémy. The joint most often affected is the knee.) The following forms have been distinguished:

1. *Arthralgias*.—Pains and difficult locomotion, without any subjective findings. The symptoms vary in intensity; they appear and disappear with nightly aggravations. The iodide of potash acts quickly and efficaciously.



2. *Simple Chronic Hydrops*.—Either primary or secondary, due to small epiphyseal foci near the synovial covering.

3. *Tumor Albus Syphiliticus*.—Great swelling of the joint, often entirely due to hyperostosis of the ends of the bones forming the joint, with but little effusion, the skin intact, no essential pain on pressure and no inclination to suppuration. The function of the joint is but little affected.

4. *Deforming Arthropathy*.—Great and irregular formation of osteophytes about the epiphyses, stiffness of the articulation, contractures, muscular atrophy and interference with growth of the limb.

Frank H. Pritchard, M.D.

THE THERAPEUTIC SPHERE OF ADRENALIN.—Dr. Stiel, of Cologne, in a paper read before the Medical Society of that city, called attention to the usefulness of this remedy in the following conditions :

In the nose, it reduces hypertrophic tissue and enables one to get a better view to operate more advantageously without too profuse hæmorrhage. Secondary hæmorrhage coming on in six to eight hours, one had better tampon the nostril. In the ear, polypi and granulations may be removed under adrenalin, without excessive hæmorrhage. Used in the eye, it causes hyperæmia to disappear, and acts as a styptic after minor operations, as the removal of growths from the edge of the lids. Internally, as a substitute for the action of the adrenals in Addison's disease, it has not acted like thyroïdin in myxœdema, for these glands have the function of rendering certain principles circulating in the blood, as brenzcatchin and Preyer's fatigue-products, non-poisonous to the system. Hence, as the gland is inactive, its active principle cannot take its place.—*Muenchener Medicinische Wochenschrift*, No. 34, 1903.—In the *Berliner Klinische Wochenschrift*, No. 34, 1903, in the Moscow letter, the greater part was taken up with this subject, adrenalin. It limits the process of oxidation in the tissues, causes a peripheral contraction of the blood-vessels, with excessive distension of the bloodvessels of the internal organs, especially of the lungs. Locally, on mucous membranes, the action is quite similar, and particularly on the conjunctiva. Given hypodermically, it is a violent poison if injected under the skin. Used in the eye, larynx or pharynx, and even if swallowed, it is not dangerous, as it is rendered inactive by the liver. It should not be employed hypodermically, as its dose is unknown and its use dangerous. On warm-blooded animals it acts like curare; causes glycosuria, anuria and death in rabbits (0.09 : 1 kgm. of rabbit). Two to four cgms., hypodermically injected into a rabbit of 1 kgm., in twenty to thirty minutes will cause death from dyspnœa. The glycosuria, the greatly reduced coefficient of oxidation, the reduction of the body-temperature after its subcutaneous injection, point to a great reduction of the processes of oxidation.

Dr. M. Shirmunsky, at a recent meeting of the St. Petersburg Medical Society, reported on its use in laryngological practice. As a vaso-constrictor, locally, it is much more useful than cocaine, though it is anæsthetic. In the nose it is of diagnostic importance, shrinking the erectile tissues over the turbinates and rendering a good view of the deeper parts possible; it also is useful in acute coryza, vasomotor coryza, hay-fever and empyema of the accessory cavities of the nostrils; it renders the discharge of pus easier. In nose-bleed it is useful. In the fauces and in the larynx it is used to differentiate acute inflammation from chronic swelling, and, therapeutically, in acute catarrh of the true vocal cords. To control hæmorrhages after operations and,

finally, in conjunction with cocaine for anæsthesia in intralaryngeal operations, in cases where but little cocaine should be given.

Frank H. Pritchard, M.D.

**ADRENALIN IN NASAL SURGERY.**—Dr. J. Katz, of St. Petersburg, read a paper before the Medical Society of that city, in which he reported his results with this remedy. It acts best on the nasal mucous membrane, least on that of the pharynx. Adenoid vegetations are very decidedly affected by it. The inflamed mucous membrane of the upper respiratory tract is but very little acted on by adrenalin. Slight hæmorrhages from the nose are controlled, though it will not guarantee against after-hæmorrhages. Very strong solutions, as 1 : 1000 solutions, should be used with caution, as they may, at times, give rise to superficial necrosis. Prof. Poehl asserts that adrenalin is only one of certain leucomaines of the adrenals. He has isolated another active principle which he calls anadrenal. Finally, he claims that adrenalin chloride is present not only in the suprarenals, but in every organ of the body. Dr. P. Bielawenez, at another meeting of the same society, reported that adrenalin first stimulates and then paralyzes the vagus centres. The increase of blood-pressure is due to a contraction of the bloodvessels and a stimulation of the heart itself. The spasm is from immediate action on the vessel-wall itself. Death takes place from paralysis of the respiratory centre. On the central nervous-system it acts as a depressor. An increase in the pulse-rate after subcutaneous injection should warn one against a second dose. Dr. Szymonowicz finds that if adrenalin be given internally, even in a dose five times the highest therapeutic limit recognized, it has no general effect. This is due to its slow absorption, rather than to its being rendered non-toxic by the liver. It may be given by the mouth to treat hæmorrhages from the stomach, without danger. It should not be injected intravenously to stimulate the heart, as sudden death has been observed in experiments on animals after the mode of administering it. Dr. N. Fenomenoff, at the annual meeting of the St. Petersburg Society for Gynæcology and Obstetrics, claimed that adrenalin would come to have an important place in these branches of medicine. The drug acts well on the uterine, but not on the vaginal mucous, membrane. Mucous polypi of the uterus may be removed without bleeding, under adrenalin; they lose their color and shrink. Applied to the peritoneum, in a 1 : 1000 solution on a tampon for thirty seconds, it left a pale-bluish spot. If applied to one horn of a uterus, on incision, from the one barely would any blood flow, while the other would bleed profusely.—*Berliner Klinische Wochenschrift*, No. 34, 1903.

Frank H. Pritchard, M.D.

**PROTARGOL IN GONORRHOEA.**—Dr. Callari reports, from the Clinic for Syphilis and Skin Diseases of Palermo, his results with protargol in gonorrhœa. He employed it in injections of a solution varying from  $\frac{1}{4}$ -2 per cent., twice a day. He regards it an excellent substitute for the nitrate of silver. It is followed by less reaction, is better tolerated, and changes the quantity and quality of the discharge, eventually causing it to disappear. Protargol is not only an antiseptic, but also an antiphlogistic. It is to be used in all forms of urethritis, vulvovaginitis of women and children, as well as in gonorrhœal proctitis and rectitis of prostitutes. It has but slight influence in chronic urethritis and in gonorrhœal diseases of the uterus. Yet it may be used here.—*Gazzetta Degli Ospedali*, No. 17, 1903.

Frank H. Pritchard, M.D.

## MONTHLY RETROSPECT

### OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

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CONDUCTED BY O. S. HAINES, M.D.,

with the collaboration in German literature of C. Sigmund Raue, M.D.,  
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**DANGERS ARISING FROM LOCAL USE OF SILVER NITRATE.**—Dr. Floyd Clendenin, in *Eclectic Medical Journal*, sounds a warning against the use of silver nitrate locally. He claims that he has seen instances in which death, due apparently to a bronchitis, has followed cauterization of the throat. It appears that the action of the nitrate is to drive the inflammatory process downward into the bronchial tubes. We wonder whether this applies to the use of strong *solutions* of silver nitrate, or only to the solid nitrate.

**CORYZA.**—Dr. Cartier recommends, in the beginning of acute coryzas, *nux vomica*, 3d centesimal, repeated doses every hour. Should the cold develop, in the watery stage we may differentiate between arsenic, watery discharge, soreness of nostrils, euphrasia, eyes and nose both running, and *allium cepa*, profuse watery discharge, with watery dropping into throat on lying. If this second stage is a dry one, *pulsatilla*, loss of smell, and *sambucus* may be thought of. Then comes the true catarrhal period, the period of the handkerchief, with yellow green discharge, the acute symptoms having passed; for this, Cartier considers *hydrastis canadensis*, 6th centesimal, as the remedy above all others in value. For the "*grande complication*," the descent of the inflammatory process into the pharynx, larynx and bronchial tubes, *kali bromatum*, 3d, is recommended most highly after several years of experience with its efficacy.

*Nux vomica*, 3d, alone, or with, or followed by, *kali bromatum*, 3d, gives the greatest of satisfaction in the treatment of acute coryzas.

In chronic coryza the following are suggested: If the chronic catarrh be the indefinite continuation of an acute attack, *hydrastis*, 6th, is advised. If the rhinitis be the consequence of ulceration in the nasal chambers, *kali bichromicum*, 6th to the 30th. If there be great dryness in nose and pharynx, *sanguinaria*; if there be pressure at the base of the nose, *ignatia*; in chronic disease of the sinuses, *hydrastis*. In hypertrophic rhinitis, *kali bichromicum*, in weak doses, and in atrophic rhinitis, *sanguinaria*, are to be placed at the head of the list. In *ozæna*, *aurum*, or if the case be syphilitic, *potassium iodide*.

Dr. Cartier mentions many other remedies, but these are the ones which have proven most useful. It is interesting to note the absence from the list of many favorites.—*Revue Homœopathique Française*, xv., 291.



**COCCUS CACTI.**—According to *La Homeopatia de Mexico (Revue Homœopathique Française)*, *coccus cacti* is valuable in kidney diseases with dull or lancinating pains, worse from pressure and from movement, spasmodic pains with vesical tenesmus and frequent urination, prolonged acute pains from left kidney down the ureter to the bladder, with desire to urinate, the urine scalding, flowing drop by drop, depositing a whitish sediment and having an ammoniacal odor.

In short, *coccus cacti* resembles *cantharis*, and may be used with success in acute nephritis, in nephritic colic, and in vesical catarrh.

**SYNOVITIS.**—A man had a synovitis, which did not yield readily to internal medication, nor to pressure from without. The effusion within the capsule had distended the joint until the tissues were tense. Antiphlogistine was applied externally, and renewed every twelve hours. Forty-eight hours sufficed to remove all the swelling and effusion. At least, so it seemed, as the patella and bony prominences around the joint seemed as prominent as before the swelling. It was supposed that his synovitis had been produced by traumatism. This is not mentioned as an example of homœopathic treatment, but simply as a clinical fact which may prove useful. If a glycerinated application will remove internal effusions, we ought to make use of the same, in obstinate cases.

**OBSERVATIONS ON THE TREATMENT OF PULMONARY TUBERCULOSIS.**—Dr. E. G. Rankin, physician to the Tuberculosis Infirmary of the Metropolitan Hospital, New York City, states that it is the general consensus of opinion of the medical staff of this institution, that with the maximum amount of fresh air and with suitable nutrition, better results are obtained *with* medicine in tuberculosis than *without* it. And as far as medication is concerned, as therapeutics now stand, medicines that are administered according to the principle of similia are attended with the best results. That is, homœopathic prescriptions produce better results, in the treatment of tuberculosis, than the empirical administration of such drugs as creosote, iodoform, ichthyol, strychnia and cod-liver oil. These latter have been mentioned by the author as the most popular drugs at the present time. We are delighted to learn that a comparative test at the bedside has demonstrated, in so short a time, that more benefit follows the carefully selected individual remedy, than the carelessly prescribed empirical one. Perhaps, this is no more than we should have expected, but will the lesson sink into the minds of those who read it? That is the question. It should be borne in mind that the medical staff of this institution are privileged to make use of any method of treatment that holds out hope of benefit. Their conclusions may therefore be considered to be unprejudiced.—*N. A. Jour. of Hom.*

**A FEW CASES OF NON-HOMŒOPATHIC THERAPEUTICS.**—As a stimulus to new practitioners of the healing art, and as an incentive to the proper investigation of the cause or causes of an illness, Dr. William H. Diffenbach relates, in *Medical Counselor*, the following interesting experiences. A man had suffered from chronic dyspepsia for fully one year, in spite of treatment by homœopathic methods. Upon examination, he presented few evidences of that ailment; was well-nourished, but complained of periodical pain and colic in the region of the umbilicus. The pain was relieved by pressure, by warm

applications and by bending forward. Colocynth was prescribed, but without benefit. During a more exhaustive examination, inquiry was made regarding the stools. The patient claimed to have regular, normal stools. Notwithstanding this, the author had the alvine evacuations watched. Portions of tape-worm were soon discovered. One hour after the administration of croton oil, 2 drops; chloroform, 30 drops; glycerin, 1 drachm; the patient passed 86 inches of worm. He has been well since. This case illustrates the necessity of complete examinations in all doubtful cases, in which the nature of an illness has not been well established.

A woman developed a diarrhœa which refused to yield to treatment and regulation of her diet. A threat of dismissal caused her physician to make an exhaustive examination of the case, and as a result the fact was elicited that she had swallowed a few round particles, probably pellets of lead, while eating canned corn. This woman had suffered from abdominal cramps, during which her abdominal walls felt as drawn inward. Lead intoxication was suspected, and she was given sulphuric acid "lemonade." A perfect cure resulted.

His last case is still more interesting. A woman had been very ill for some days with "bloody dysentery." Straining and tenesmus, bloody stool and a distinct aggravation during the night, suggested *mercurius corrosivus*. Fuller investigation showed that she had taken sulphur and molasses as a laxative. In the glass which contained this mixture, a silver spoon was found, blackened by the sulphur. The author reasoned that she had been poisoned by the black sulphide of silver deposited upon this spoon. A strong solution of salt was administered as an antidote. Within three hours all symptoms had disappeared, and she was enabled to take and to retain nourishment. We have thought it worth while to note these cases, as they teach us that, after all, a discriminating mind is a vital necessity to one who hopes to successfully practice the art of therapeutics.

PROVING OF XEROPHYLLUM (TAMALPAIS LILY).—The students of the Hahnemann Medical College of the Pacific, under the direction of Dr. H. R. Arndt, have recently published in pamphlet form the results of a splendid proving of this new drug. Only attenuations (1x, 3x, 6x, 12x) were used, and the results seem to indicate that the remedy will prove to be very useful in certain common varieties of skin affections. It has been also pretty well established that the remedy will be useful in continuous fevers, with great nervous prostration, and with a tendency towards the "typhoid" state. It seems to fit in somewhere between *gelsemium*, *baptisia* and *rhus*. The necessity of keeping up with the regular work of the college was responsible for some defects, yet the work, as a whole, is very commendable and reflects credit upon the director and upon the provers. It should stimulate the students of our eastern colleges to engage in similar provings. We have had some doubts as to the ability of medical students to produce reliable data of this kind during the busy college term, but here is evidence that will go far to prove that such a supposition is not invariably correct.

ARSENATE OF STRYCHNIA IN INCIPIENT MITRAL INSUFFICIENCY OF ELDERLY PEOPLE.—A woman, aged 67 years, complained of dizziness and shortness of breath after the slightest exertion. Her heart felt weak, and a "fluttering sensation" was experienced whenever she became exhausted.

Gaseous eructations, indigestion and obstinate constipation were present. These complaints seemed to date from an attack of pneumonia, one year previously. Examination showed the beginning of a forcible impulse, with displacement of apex downward, and a thrill appreciable by palpation. Auscultation defined an accentuated and slightly prolonged first, apex sound. The author regards this as the characteristic *initial* feature of mitral insufficiency, as it occurs in old people, or in those who have become prematurely debilitated. It may be true that we frequently overlook cases of this kind, attributing the exhaustion and dyspnœa to something else than the heart. We may, too, underestimate the mitral weakness, because the blowing sound is not present and because there is no transmission towards the axilla. The muscular weakness incident to old age prevents the approximation of the mitral leaflets, and the auriculo-ventricular opening also yields to the gradual atonicity of the cardiac walls. In such cases there is, unfortunately, no tendency to the development of a compensating hypertrophy, and the prognosis is unfavorable, even although the lesion may not *appear* to be serious. No remedy is better affiliated to the condition in these cases than the arseniate of strychnia. The third decimal potency, three times daily, tones up the cardiac muscle, while the strychnia, especially, stimulates the involuntary motor nerves, which need some such irritation to make the heart beat more forcibly. It would be a mistake to resort to extreme heart tonics in such cases. We have used this remedy for a number of years, in just such conditions of cardiac atonicity, but we have never seen the *rationale* of its action explained in this way before.—*The Clinique*.

THE PLACE OF ARSENICUM IN THE TREATMENT OF GASTRIC ULCERATION.—Dr. H. V. Halbert relates the case of a married woman, aged 30 years, who suffered from pain in the stomach and persistent nausea of twelve years' intermittent duration. She was anæmic. Her diet had been principally a liquid one, as her stomach would not tolerate any amount of solid food. In the beginning of the illness, she had a boring, burning or gnawing pain in the epigastrium, periodic in its aggravations and decidedly localized in its situation. She had also, in the beginning, vomited blood. When she consulted the doctor, she described her nausea and vomiting as being excited particularly by the introduction of food or drink, and "cold things" were especially apt to produce such symptoms. The sensation of burning, the vomiting of mucus and of food, with an attendant waterbrash, had caused a perfect loathing of all foods. The abdomen was distended and gases made the intestines irritable, so that involuntary stools were not unusual. She had therefore become weakened and exhausted; was irritable, restless and seemed bordering upon a nervous collapse. An alkali gave relief, but acids could not be tolerated. No induration could be discovered in the region of the pylorus, but there was tenderness over the epigastrium. The evidences in this history seemed to justify the conclusion that, originally, her ailment had been a hyperchlorhydria. Faulty diet and improper treatment had produced gastric ulceration. Fortunately, no perforating ulcer had formed, but nature had cared for the gastric pathology and a gastric catarrh had intervened. The remedy prescribed was arsenicum album, 3x potency. A wonderful relief followed its administration, and the patient was soon able to partake of food and to retain it. When it is realized that this patient had previously been given



Fowler's solution, and that she had swallowed many shot-gun prescriptions without obtaining relief, it must be apparent that the homœopathic method of adapting remedies to conditions offers advantages not possessed by any other therapeutic system. This case should have been cured in its earlier stages; and, doubtless, would have been cured by a careful proteid dietary, by alkaline drinks and by the remedy.—*The Clinique*, October 15th.

VITALISM AND THERAPY.—Dr. Bergmann, in *Aerztliche Rundschau*, published a very interesting article upon this subject, in which he partially restates what Hahnemann established a century ago. He finds that a cure is accomplished by the reactionary influence of what he terms the "vital force." When this curative reaction of nature is too weak, or is suppressed or imperfect, then the physician must assist Nature, by administering remedies which will influence the organism in the same direction; or, expressing it otherwise, are capable of calling forth symptoms quite similar to those caused by the vital force itself. Dr. Bergmann, however, does not believe that the merely *subjective* symptoms of a patient supply a sufficient criterion for the determination of the suitable remedy. He thinks that he has found a certain characteristic condition of the urine of the patient, which will guide him to the choice of the curative remedy. After five thousand examinations of the urine, Dr. Bergmann declares that these certain changes in the composition of the urine cannot be viewed as accidental, but that they uniformly correspond to various states of disease. The next step was to find the remedies which, in large dosage, were able to produce typical urinary characteristics corresponding very closely to those present in the various chronic diseases. As an illustration of the practical application of this theory of *vitalism*, which is a sort of incomplete and modified homœopathy, and quite the sort which one might suppose would sooner or later be offered from the other side of the fence, we may refer to the author's method of "curing" tuberculosis. The leading changes that were found in the urine of tuberculous patients were described as follows: The urine is pale and turbid. Its odor is penetratingly aromatic. On the bottom of the test-tube there is deposited, after the urine stands for from six to ten hours, a gray, dust-like mass which, closer examination shows, consists of pus and epithelia. Now, quite a *similar* image is presented in the urine after a lengthy use of larger doses of arsenicum jodatum or of kreosotum. So says Dr. Bergmann.

With these two remedies the author has treated three hundred cases of tuberculosis, within the space of five years. His results are startling. He states, for instance, that if the tuberculous process has affected merely one apex, that a cure can be promised, without doubt, in from six to twelve months. You are to differentiate the two specifics as follows: If the urine is aromatic, turbid, and presents only the mass of deposit consisting of pus and epithelia, choose kreosotum. Especially is kreosotum to be preferred if there is fever.

If the urine shows increase of indican and a bluish iridescence, as the light strikes it in the test-tube, then choose arsenicum jodatum.

Each of these remedies is *only effective* in very great attenuation. The proper concentration is 1:1000.—Trans. in *Med. Recorder*. If this one-legged method of drug selection is the product of a "homœopathic brain," it will doubtless meet with the unfavorable criticism which it evidently deserves.

If Dr. Bergmann is not a homœopathic physician, why, of course, it will be our duty to blink our eyes and say "wonderful," especially as it was "made in Germany." But the recognition of the vital force, as a factor in recovery or cure, is the important point in this essay.

THE MATERIA MEDICA BRAIN.—During a recent discussion, a member of our school said: "There are but few of us who, like the writers of these papers, have good *materia medica* heads." "I can never remember which drug has the peculiar symptom of being *worse* when standing upon the left foot, in the open air; and which one is *better* from standing, under the same circumstances." "What drug is worse ten minutes to three in the morning, no matter whether the clock be right or wrong." Of course, this was simply merry persiflage, but the editor of *Medical Advance* treats the matter less lightly and draws a pertinent lesson from it. It is probable that some of us have better memories than others have, yet we should all forget, if we did not practice. It is practice that makes us remember, even the common things of life. How many men would remember which side of the hair was parted, if they never combed it? How many men have forgotten the Lord's Prayer, and why? And so the editor very rightly says that our brains are, to a large extent, exactly what we make them. Genius for the study of the *Materia Medica*, and the ability to remember what we have learned, is only another name for hard work. The main cause of the many complaints that fill the air, and which refer to the difficulties presented by the study of *materia medica*, is the simple fact that those who complain most, study least. And no one can master the homœopathic *materia medica*, by a superficial survey of the incomplete arrangement of symptoms, as they appear in most of our books. He must go farther back. He must begin with the *Organon*, then he must study the provings, side by side with the records to be found in the *Cyclopædia of Drug Pathogenesis*. As we have often said: It is the man who writes the text-book of *materia medica* that gets to understand the sphere of action and symptomatology of the remedies. His readers seldom gain this knowledge by simply reading what he has written.

PROCTALGIA.—Dr. A. McNeil reports the case of a lad, aged 16 years, who, having aphasia, cannot express himself intelligibly. After an attack of malarial fever, which was cured by *bryonia* followed by *rhus*, the patient showed an inclination to remain in bed, although no fever nor other discomforts remained. Some time after this the patient had such severe pains, apparently, about the rectum or anus, that his physician was summoned. An examination revealed nothing abnormal, at the seat of pain, but the doctor observed a peculiar "*bluish-whiteness*" around the mouth, exactly similar to the well-known symptom of *cina*. Dr. McNeil has learned that this peculiar appearance about the mouth, under such circumstances, is really a very reliable "keynote" for *sabadilla*. He has confirmed the observation many times. In this case, one dose of the 30th cured quickly.—*Medical Advance*.

AN OCULAR DEMONSTRATION.—Several years ago, Prof. Schultz, of the University of Griefswald, Germany, proved that corrosive sublimate, in a strong solution, killed yeast cells, but that in dilutions of 1 to 600,000 or 800,000 it really *increased* the activity of fermentation far beyond the normal. The axiom which he based on this—"small doses of medicine excite vital ac-

tivity; large ones paralyze it"—has very lately experienced a brilliant illustration from the experiments instituted by Herr Sand, which can be confirmed by any one familiar with the technique of the microscope.

These experiments reveal the action of arsenious acid upon infusoria. Sand took a single protozoon and introduced it in a drop of pure starch-water, as a standard of comparison. Then he arranged other drops of starch-water, each containing a protozoon. To these latter he added dilutions of arsenic of different strengths. The results were startling: 1 to 1000 solution killed at once, 1 to 10,000 solution killed in two days, 1 to 1,000,000 solution promoted a slow growth, so that in eight days there were fifty-five new individuals. When the solution was diluted to the degree represented by the figures 1 to 10,000,000, the animalculæ grew rapidly, so that in eight days there were a hundred new ones, while in the control-drop only fifty new ones appeared. The results showed that the 7x dilution of arsenic had caused double the vital activity of the corticata.—Trans. from *Berlin Hom. Zeitschrift*, by A. McNeil, M.D., for *Med. Adv.*

THE CURE OF CONSTIPATION.—One of the principal causes of this affection is overeating, or the use of foods which are constipating in their effects. Lack of exercise is another cause, but most important of all is the habit which so many have, of taking too little water between their meals. On retiring at night, after eating an early and light supper, let the patient take one pint of water, slowly. Then, resting upon the back, the abdomen should be gently, but firmly, massaged, following the line of the colon. Then the ends of fingers should make firm pressure over different portions of the small intestines. If the patient be obese, the hands should be placed over the hypogastrium, and the pendulous abdomen may be raised and lowered. These manipulations, and the pint of water, should be repeated in the morning as well. This homely advice is sound, and has been used with much benefit by a class of sufferers who do not yield readily to medicinal measures.—L. S. Downs, M.D., in *Eclectic Med. Journal*.

A RARE EFFECT OF QUININE.—In the *Medical Record* for August 22d there was reported a case of quinine poisoning in which some very unusual skin effects were prominent. Within twenty minutes after taking the drug, the victim noticed a peculiar *tingling* sensation, which he knew, from experience, to be the effect of the quinine. This tingling was quickly followed by the appearance of *large wheals* on different portions of the body, which wheals speedily coalesced. The wheals were red at first, but became purplish later. There was considerable swelling, and next morning *bullæ* formed over the affected parts, but the genitals were not affected. In Philips's *Materia Medica* we may read that quinine has long been noted for its beneficial action in erythema nodosum. Also, that quinine is very useful in urticaria. Not the urticaria that has been caused by an error in diet, and which needs merely a purge or an emetic, but the form that may be traced to the nervous-system. It does not take much contemplation to come to the conclusion that quinine acts curatively in these affections, because it is a similitum. At least it does not take long, if your mind is rightly attuned. Dr. S. A. Jones has written a very interesting article upon these rarer effects of quinine, in *Medical Recorder* for October 15th, where fuller details may be found.



**THE DELETERIOUS EFFECTS OF THE EXCESSIVE USE OF CHLORIDE OF SODIUM.**—In the *Denver Medical Times*, of last month, Dr. W. B. Parsons considers it certain that the long-continued and excessive use of salt will cause irreparable injury to the brain—every organ and tissue being completely saturated with it; and that it stands to reason that structural changes will necessarily follow. A friend of the author wrote him, from the East, that he had come to the conclusion that salt was the cause of catarrh. Stop the use of salt and you will not have any more of that troublesome mucus in your nose and throat. Loss of memory, convulsions, obstinate vertigo, hallucinations, such as ziz-zags of white light, a man writing at a blackboard, beautiful flower gardens, these are some of the effects of salt which the author has observed in his own and other cases. Excessive action of the kidneys at night was also produced. Dr. Parsons regards the use of salt as pernicious, a bad habit, which should not be cultivated. All this is by no means new to us. We have a very distinct recollection of Drs. Korndorfer and Mohr, way back in the last century, lecturing upon the pernicious effects of *natrum muriaticum* upon the human body. We can easily remember a number of instances which Dr. Mohr showed in his medical clinics, in which salt had produced very unpleasant symptoms, and a degree of general bad health, which was unmistakable. The first thing we know, we shall have the allopaths proving *natrum muriaticum*, and incorporating the *remedy* into their *materia medica*. Better hold on tight to your homœopathy, it's slipping away from you, boys.

**SECALE IN THE TREATMENT OF CHOREA.**—In the *British Medical Journal*, of date July 8th, may be found an unusually interesting article, by Eustace Smith, M.D., upon the favorable and even curative effects of ergot of rye in chorea. Of course, Dr. Smith, being unfamiliar, or rather unconcerned, with the existence of any law upon which the beneficial effects of drugs in disease may be explained, is at a loss to account for his excellent results. Whether ergot exerts a direct sedative action upon nerve-tissue, or controls it indirectly by its influence upon the blood-supply of the spinal cord, he cannot say. And we might add that it does not matter, so long as the fact of its curative influence becomes well established. The *Monthly Homœopathic Review*, however, in its October issue, explains to the author that ergot cures chorea because of its homœopathic relationship to that affection. That secale is capable of producing convulsive movements is well known to those who study the *materia medica*; yet, even in the homœopathic school, this power to induce clonic convulsions seems to have been forgotten, or, at least, is seldom made use of. In Allen's *Encyclopædia* many symptoms highly suggestive of the homœopathicity of secale to chorea may be found.

We are indebted to Dr. Smith for drawing our attention to these facts, but we regret that he found it necessary to combine strychnine with the ergot in the treatment of his cases, because such combination surely lessens the practical value of his observations. The ergot was administered in doses of 1 drachm of the liquid extract of ergot, combined with 1 or 2 drops of the liquor strychninæ. These doses were repeated every four hours even in children as young as 6 or 8 years. Notwithstanding the size of his doses, the author assured us that no untoward symptoms were produced. No headache, no loss of appetite, no nausea, nor pains in body or limbs. This makes us wonder whether the preparation of ergot used was as active and as potent

as some of the fluid extracts of ergot prepared in this country. The *Monthly Review* suggests that if a more reliable preparation of the drug be used, perhaps a much smaller dose would suffice. Secale is a remedy which homœopathic physicians should study in relation to the disease under consideration.

THE SALTS OF URANIUM IN DIABETES.—Again we are discovered. This time by Virginia. Dr. William R. Jones, of Richmond, thinks that uranium nitrate is a capital remedy for diabetes mellitus. He does not claim to have originated the idea of using uranium nitrate in the treatment of diabetes; he is a gentleman; and while he is willing to state "what he saw," he will not tell "where he saw it." All of which is quite right, and established by the precedents of many previous investigators of the homœopathic method of drug selection, sometimes called the law of cure. But homœopathic physicians do not like it. They are perfectly willing to welcome every investigator to the homœopathic camp, but when anyone of these gets a good point from the writings of Hughes, or from the original studies of François Cartier, or from the pages of our journals, and proves its utility in actual practice, we like to see him make a good, manly acknowledgment of the sources of his original information, and we would like to hear him acknowledge that his deductions have been really made from the law of similia. Such an honest avowal would strengthen any feeling that we might have, that it would be profitable for homœopaths to fraternize with allopathic investigators. But, perhaps William R. Jones, M.D., will resent the suggestion that he is investigating homœopathic methods, that he is making deductions from homœopathic principles. Let us see. He claims that the uranium exercises a most important influence upon the skin. It produces a fine desquamation of the superficial layers of the epidermis, somewhat like the action of the X-ray, save that in the uranium the influence is of such moderate degree, that the functional activity of the skin is really increased. He says, "I have not seen this action of uranium referred to in the writings of any other observer." This action suggests to Dr. Jones its probable usefulness in many forms of skin disease, and he thinks that it may occupy even a higher position of usefulness than arsenic. He is right. It will probably be found efficacious in cases marked by exfoliation of the epidermis, in cases quite similar to those indicating arsenicum, and the author may find all such singular coincidences fully explained in Hahnemann's *Organon*. We might add, also, that a previous experimenter, a member of his school, named Leconte, observed sugar in the urine, and other evidences pointing to the production of true diabetes, in dogs that had been slowly poisoned by uranium nitrate. Possibly this might throw some light upon his successful use of the uranium in diabetes mellitus. Another interesting fact that might also be referred to is the production of gastric and pyloric ulcerations in animals, which fact has been utilized in the homœopathic school. Dr. Blake and others curing gastric and pyloric ulcers, with small doses of uranium nitrate. Such additional facts can hardly help interesting the author of this recent contribution to the pathogenesis of uranium. We are indebted to Dr. Jones, and can, indeed, assure him that he is on the right track. There is one fault in his methods of prescribing the remedy that might be corrected. He must not give it to all of his cases of diabetes, with the expectation of its acting equally well in every



case. The explanation of its failure to cure some cases, and its success in other cases, is also fully stated in the *Organon*. Dr. Jones prescribes doses of  $\frac{1}{8}$  to  $\frac{1}{2}$  grain, four times daily, in solution. Other competent observers have obtained similar good effects from much smaller doses. Now, if the author will recognize that its influence upon metabolism, as well as its curative actions, are each explainable upon homœopathic principles, and are not due to its fluorescent properties entirely, he will, we feel sure, sooner reach the truth of the matter. The article referred to may be found in *Virginia Medical Semi-Monthly*, for October 9, 1903.

CONSULTATIONS.—We do not think we avail ourselves of the great advantages of "the consultation" as frequently as we might. Consultations are of various kinds. The purpose may be simply to quiet the apprehensions of an overly anxious family circle. Again, the purpose may be to ascertain whether mechanical therapeutics offers a better outlook than a continuance of simple medicinal measures. It may be a death-bed precaution taken by a conscious-stricken physician to "square himself" with some critic. The honest, conscientious physician often suffers from the pangs of regret and self-accusation, even when in reality he has done everything that anyone could have done. He may not be guilty, yet he may feel keenest suffering. Many doctors have very tender consciences and very soft hearts, although the world does not readily credit the fact. But I do not refer to these kinds of consultations. I refer to the fraternal feeling which makes a doctor wish to have a brother practitioner of the same city or town, or in the same locality, go over with him the serious or perplexing case, in order that there may be a double probability that no lesion nor cause of sickness has been overlooked, nor no practical therapeutic deduction forgotten. To whom shall we turn, in our moments of perplexity, if not to our brother physicians? It is this fraternal feeling of *security*, in the presence of our brethren, or when our brethren enter the sick rooms of our patients, that I would like to see supplanting all those ruder emotions of apprehension and jealousy and suspicion which have ever existed in our profession.

THE RELATION OF QUININE TO OTOSCLEROSIS.—*Apropos* of Dr. Dickie's article, which was noted in last month's retrospect, Dr. A. G. Downer, of Princeton, Ill., claims that in most cases of otosclerosis, or any other chronic disease of the ear, you will find that the patient has been a quinine devotee, either from choice for every imaginary ill, or from the unwise advice of a physician. The author seems convinced that if quinine could be forever lost to the world, 50 per cent. of all chronic diseases of the inner ear would cease to exist. This is rather strong, but he bases his statement upon twenty years of experience and observation. There is no doubt but that quinine produces intense congestion, of a long-lasting type, and that the resultant low grade of inflammation is surely progressive. If such an inflammation of the inner ear be engrafted upon the uric acid diathesis, or upon the catarrhal type of patient, a chronic condition of ear disease may result. The author therefore proposes to antidote the effects of quinine abuse by administering potencies of quinine. He has found that the 1m. or the c.m. potencies, one dose nightly for a week, will undoubtedly produce an antidotal effect, with resultant improvement. After this has been accomplished, he proceeds with the indicated remedy for the ear trouble. He says that he is willing to guarantee the success of this plan of treatment.—October, *Hom. E., E. and Throat Jour.*



# THE HAHNEMANNIAN MONTHLY.

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DECEMBER, 1903.

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## SOME THOUGHTS CONCERNING THE PRINCIPLES OF DRUG MEDICATION.

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(Read before the Hom. Med. Soc. of the State of Pennsylvania, September, 1903.)

WHEN the world was still young drugs were administered for the cure and amelioration of disease conditions. There was something instinctive in these efforts to use drugs for the modification of maladies, and, being thus apparently suggested by an instinctive impulse, it seems more than likely that there was underlying truth in the self-born supposition that the fruits of the soil and the mineral ingredients of the earth existed for some other cogent reasons than were ordinarily evident to the eye and the commoner experiences of everyday life.

Since the dawn of time the administration of the medicaments we call drugs has had an empirical, that is to say, an experimental, basis; and the use of drugs to this day, no matter how refined may be our imaginings to the contrary, are nearly as empirical as when the first herb was employed for therapeutic purposes. Much of this empiricism exists of necessity, and it will continue to exist until we know more of drugs and the principles that govern not only their administration, but also the supposed methods of their actions. Even in the glare of the nineteenth century's progress, and the golden dawn of the twentieth, we almost unconsciously assume that we are at the end of knowledge; that, practically, there is little more to be learned about drugs; and this unconsciously-assumed

mental attitude, demanding, as it does, most obvious results from the administration of drugs, leads to skepticism in regard to the action of drugs. At present, therefore, our only rule is empiricism; our only guide, clinical experience.

In this discussion I assume that drugs act. A cloud of witnesses, in the guise of deaths from poisonings, and the thousand times repeated results achieved in the sick-chamber, are sufficient attestation of the innate power of drugs. That they do not always act as we desire is altogether another story. My present contention is simply that drugs act, and that they are, properly handled, necessary in the treatment of certain diseases.

The old woman, with her herb teas, who gives her libations to a sick individual because she has found them serviceable, or has been told by her grandmother that certain plants were of service in certain cases, is more closely related to the modern empiricist with drugs than either the ancient lady or the modern doctor dreams of. The physician, it is true, is more scientific, and has a wonderful advantage in his side knowledge, and he has a more accurate, even if still imperfect, knowledge of drug powers and of the conditions to which he wishes to oppose drugs, and yet, nevertheless, at present, every drug prescription is an empirical one. Some prescriptions are less empirical than others, but all are, to a greater or less extent, chargeable with being tinctured with experimentalism. Much of good has come down to us from other days from this lay and professional empiricism; but we have not held fast to that which was good, certainly not always to the extent that should have characterized a profession who must recognize the fact that medicine is not, and, in the nature of things, never can be, an exact science. Many therapeutic pearls without price have been lost to humanity through carelessness in observation and through lack of ability to properly observe the effects of drug medication. This point is true, no matter upon what supposed principle or ism drugs were administered, whether upon the so-called antipathic, homœopathic, isopathic or eclectic, or upon the dictum of some dead and gone dogma whose tenets are forgotten.

The most potent reason for the failure to hold on to that which was good was and is that the medical profession is on

the lookout for specifics for named diseases. A search for specifics is not only irrational, but impossible of achievement. There will never be a time in the history of medicine, present or to come, when it will be possible to cure or ameliorate every given case of a given curable disease with one drug or one combination of drugs. It is this search after specifics that is doing more to prevent genuine progress in medicine possibly than any other one single factor.

If we would be successful prescribers of drugs in the treatment of the sick, we must recognize two important and (I think) self-evident facts. The first of these facts was given due prominence by Hahnemann, and is practiced, more or less consciously, by every practical physician, namely, *the individualization of the case*. It seems to me that no one at all acquainted with clinical medicine will deny the utility of such individualization, and yet it is this idea of taking the individual into consideration, as well as the disease from which he is suffering, that gives the death-knell to the search for universal specifics. We may and ought to, however, search for specifics for morbid conditions, if we do not for named diseases. This theoretic consideration, of course, will not prevent the clinician from first employing that drug treatment in a given named disease which has, in the vast majority of cases of named disease, proved valuable; but with the distinct understanding that the drug is not to be blamed if it fail to give us the results we have obtained in other apparently similar cases. If we are to be of real service to our patients in the sick-room we must be practical; but we should be quick to recognize the reasons for either the failure or success of a given drug prescription in a given kind of case.

Another very important conception should always precede the administration of a drug. We must have some sort of an idea of what we intend to do with the drug, a working hypothesis, rather than a vague general notion that we want to cure. We must try, then, to know in what particular, or, if that is not possible, in a more general way, by what route, we expect the cure to be wrought. We must have some conception of what particular thing we intend the drug to do. The only possible manner in which a drug can act (and this is the second fact, next to the individualization of the case, that must be ap-



prehended by him who would successfully and intelligently apply drugs), for either good or ill, when administered to the sick or well, is by virtue of the inherent power of *modifying the function of the cells*. All therapeutic endeavors whatsoever, called by whatever name, given under whatever guise, have this one property in common, the ultimate anatomical element, *the cell*, must respond to the stimulus of the administered drug or other therapeutic procedure, or the cells must resist the action; that is, the system, as we call it, a congeries of cells, reacts against the introduced medicament (when a drug is employed therapeutically) and its specific influence over the cells. It matters not whether the introduced action be chemical, bacterial, balneological, electrical or nutritive, or whether the treatment is local, special or general, or surgical, every medical procedure depends for its efficacy (or even its failure) upon its ability to destroy or *modify the function of the cell*. If this proposition be admitted, it follows that disease, so far as we are practically acquainted with it, is a series of morbid phenomena dependent upon an alteration in cell function; and in order to determine, so far as possible, the nature of this alteration in the functions of the cell, we must make a diagnosis, of conditions, at least, even if we cannot at the time name the disease to which the disorder of functions symptomatically belongs. When we have made the diagnosis we obtain an idea of the pathology of the case (where the pathology of the malady is known), and this knowledge, furnished us by pathology, tells us in what manner the normal function of the cells has been interfered with by disease. We are thus often placed in a position to know in what manner we can alter cell function, in order to bring back normal function, if possible, and, if not possible, in what manner we can so affect the functions of the remaining healthy cells as to bring back partial health, or, that failing, if we can call on other cells not so profoundly affected to carry on the work of the disabled structures, a vicarious state of affairs that must occasionally take place, if we are to believe the stories told by our examinations in the dead house. So overwhelming are these revelations of the pathologist's knife that, in some instances, we cannot conceive, with the profound cell alterations shown on the post-mortem table, how life could have been so long prolonged save upon the theory of a partial vicarious cell action.

Pathology has been an unquestioned boon to medicine, but we must not consider that the science pathology is complete or final, for it is not. We are even now, with all the great work that has already been done, on the threshold of a vast field of knowledge that will come to us as a profession with the further development of this science. But, with all the advances that it will be possible for pathology to make, with new instruments of precision and the still further development of the wonderful studies that are now going on in this inviting field, it is self-evident that there are some things about disease, no matter how great its development, that pathology will never be able to tell us. Pathology of necessity deals only with the material side of the question of disease phenomena. There is something, I wot, beside what we call material in this wonderfully-made body of ours. A man is a splendid congeries of cells, with an extraordinary and almost inconceivable play of diverse, yet harmonious, functions. Yet those cells, without what we call life, are naught but a shadow of shades, a dream-like, empty temple. A congeries of cells is man, but man is more than a congeries of cells. The force we call life uses the congeries of cells to act through, to shine through, as it were. Mayhap this life force is from eternity to eternity. Certain it is that the life force plays through these cells, and vivifies and works its will through and by them, possibly like a great stream of light shining through a many-hued window. For the purpose of illustration, we say that some cells may have the function of reflecting only certain kinds of light, and when there is a failure to transmit the proper color, owing to changes in the structural function of the cell, pathology can tell us the character of the change that has taken place that prevents the transmission of the function, but it cannot tell you (or it can only guess) the change in the life force itself that formerly used that particular group of cells to perform a certain function. Pathology only knows that the cell is not what it was, and that if the cell undergoes further, so-called, organic change, it will no longer be able to perform its function of acting for the life force; but pathology cannot affirm that because the cell is destroyed, therefore the life force that animated it is also destroyed. It can only say, in relation to the life force, that it is dying or dead. You may call this life force, this higher force,

if you wish, simply a more exalted form of matter (in contradistinction to the term spirit), but at that such an assumption remains unprovable, and hence we can only be sure that anything, save certain of the phenomena of the higher material force (if so it be), is not within the ken of human knowledge, and hence is outside the domain of the possible discoveries of pathology. There is, then, something about disease that pathology will never tell us. We can only justly ask her for more light in the sphere in which she can give us light. Most reasoning about pathology mentally assumes that the present discoveries are necessarily correct, when our real attitude towards these discoveries ought to be tentative. We see the light, but we can only guess as to its nature. The sun of discovery may guild a new mountain top and leave the hill of yesterday in the shadow forever. We are simply studying material pathology. Pathology tells you which cog in the life machinery is wrong, but it cannot tell us about the life steam that runs the engine. We study pathology, too, in order not only to discover tissue alterations, but the better to understand the symptomatology of disease; and the information in this line has been monumental and epoch-making for medicine; but pathology cannot point out to us (perhaps) the changes that take place in cells as the result of the emotions, the truest feelings, the keenest consciousnesses of life. Where, pray, and in what cells, in what tissue, shall we be able to discover the pathology of fear? of anger? of horror? of joy? of despair? Where is the anatomical seat of instinct? A bloodvessel may swell, a face may pale, or grow red; but these phenomena are only the outward signals, the manifestations, but not the real change that takes place in the cells, if these actions are evolved by the direct mechanical action of the cells. Yet we are quick to recognize the emotions as potent causative factors of disease. We know in what part of the brain are seated certain cells that apparently have to do with certain mental operations we call thought. But whoever saw a thought? We can see only its effect. Changes in the muscles of the face show fear or joy, or indifference. These are the outer showings of thought, which may have a dwelling place in the brain cells, but we cannot say just where. We only surmise that thought, so far as we know, uses the brain as an instrument. Think a moment of the in-



sane, and the impossibility often of determining the lesion that shuts the sufferer out from the light of reason and love, and makes him apparently lower than the beasts of the field. What is the pathology of essential insanity? Are we not of necessity, then, shut out from the acquisition of very important knowledge, not by the fault of pathology, but by the limitation of our powers in the investigations into the unseen and unseeable mystery that lies back of the visible machine made up of the congeries of cells we call man.

And it is this intricate machine that we, as physicians, try to restore to health by the administration of drugs. Is it any wonder that drugs fail sometimes? Is it wise to demand that this intricate machine yield to your crude touch as if that touch were a wand of magic? Considering that we, with all we know about medicine and its co-related branches, in reality possess little working knowledge, have we any right to be skeptical about the action of drugs? Have we even a right to affirm very strongly that they act at all? Yes, we have a right to assume that they act, that is, that they can produce alterations in the functions of cells, because that fact is demonstrable by observing certain phenomena, and because we know that other inorganic substances affect cell function. The trouble with most of us is, that we want the drugs we administer to act after a manner that we have preconceived they should act.

All schools have a right to an existence, for there is much of truth in all. Do not let us tear our clothes and weep in sackcloth and ashes because our particular pet theories are only, to a certain extent, applicable. We are not yet at the end of knowledge in medicine. We are babies, sucklings. We need not worry whether this or that theory prevails. We cannot but believe that, in the end, no matter who wishes to the contrary, the truth will prevail. The truth will prevail, the "eternal years of God are hers." Our plain duty is to add to the general knowledge of the profession of medicine all that we can, in every possible way, so that her great mission, the helping of suffering humanity, will be the better fulfilled. For the glory of the noblest profession on earth, let us be the evangelists who shall proclaim that the good of humanity is our only aim, and not the exploitation of any particular creed or ism, but truth, and truth only.

The administration of drugs for the cure and amelioration of diseased conditions is a very important part of our work as physicians. Many attempts have been made to explain the mode of action of drugs, and the manner in which certain phenomena of disease are made to disappear or are modified. Viewed in the light of our present knowledge of disease and the manner of drug application, is there not more than a modicum of truth in every system? Or are these modifications but crude outgrowths of an underlying principle that has not yet been shown? The two most prominent of these many methods are the so-called homœopathic and the so-called allopathic. Are not these two systems, in many respects, essentially the same? Let us see if there are reasons to believe that there is a mutual foundation for both practices. Both methods are empirical, and will be until medicine is an exact science. We never know when we give a drug whether it will act or not, nor do we know what will be the extent of its effects until we have observed its action or lack of action. Therefore, the administration of a drug, given on any supposed principle of action, is empirical, that is, experimental. I think it will be conceded that when a drug that is active is introduced into the economy it must modify the cells of the body or some particular group of cells. We can only expect to achieve our results by modifying cell function. We stimulate, we depress function, according to our ideas of what particular modification in the morbid action of the cells we wish to change in our efforts to bring about a cure or an amelioration. I believe that *every drug along the plane of its action has the power to produce two diametrically opposite states in the functions of cells*. This power is somewhat dependent upon the size of the dose and upon the idiosyncrasy of the individual. These two effects are not always produced, because it is not desirable to do so, because the drug is discontinued, or for other more or less obvious reasons. My contention is simply that drugs have always the power to produce diametrically opposite effects, the two convexities of a circle, or the two ends of a plane. Whether these two effects are produced by the drug itself, or one effect by the reaction of the cells against the drug impulse, I am not prepared to say, nor do I think it essential, for my present purpose, that the manner of production of these two opposite conditions be es-

tablished. The fact, if it be a fact, is all I need for my object. It seems to me that there is an abundance of evidence to prove this dual, or more than dual, action of drugs, in the almost daily instances that come under the eye of the observant doctor. Think of the tonic first effects of quinine and the ultimate depression; of the stimulant effects of strychnia, its later tetanization of the spinal cord, and the subsequent relaxation; of the primary slowing of the pulse of digitalis, and the later quickening; of the sedation of pain with morphia, and the sequent torturing neuralgias; of the primary stimulation of glandular activities of the iodides, and the later atrophy of the glandular structure that was stimulated; of the primary tonic effect of arsenic, and the subsequent blood degeneration. Instances of the dual action of drugs could be multiplied almost indefinitely. Drug affinities for certain groups of cells form guides for the selection of that drug when those organs are at fault; but when used for the cure of disease it is for the purpose of modifying the function of the cells for which the drug has affinity. Is not this dual action of drugs the real basic principle upon which drugs are best prescribed? Hahnemann scented the truth of the dual action of drugs when he proved them upon the healthy, and then used the symptoms that indicated drug-action for the purpose of prescribing. Did he not miss half the truth with his symptomatic prescribing? Are we not robbed daily of the fruits of clinical experience by a too strict adherence to the method of merely symptomatic prescriptions alone? Is not this method only one-half the truth, and illy expressed at that? Symptoms of the subjective sort show that the cells are modified, but they only show us one side or an angle of the drug picture. Provings, as it were, show us the dress, but not the real being beneath the habiliments. Has not homœopathy, by a strict adherence to symptomatic prescribing, defeated most of the ends for which it has striven so strenuously? Undoubtedly, it is an effective way of prescribing drugs, but it is not always the most effective. Where known, the pathology ought always be taken into consideration in a prescription. The pathology suggests the manner in which drugs are capable of altering, or can be made to alter, cell action. I do not decry symptomatic prescribing. I wish to amplify it. We must have provings for objective, as well as



subjective, conditions. The symptomatology gives us the emotional side of the picture. We must know both symptomatology and pathology. We must prove drugs in the way Hahnemann did, and then supplement those provings with all the investigating means furnished by modern methods. The blood, the secretions, the excretions, must be examined. We must know all that a drug can do, irrespective of any theoretic considerations as to how it will act, *i.e.*, according to what principle. But we must have the provings for symptoms, for without them we cannot have the lights and shades of drug-action. Many of the symptoms produced by drugs are of such a character that they cannot be referred to any mere pathological change now discoverable. A drug may dip down into unknown depths and betray an action that cannot be explained upon the theory of an anatomical alteration in the cells. A drug, it is possible, may touch that life force which is so elusive, and may go through the skeleton of cells, as it were, into the subconscious life, and act upon centres of which we do not as yet dream. We may say, because we do not know better how to describe it, that a given drug acts upon the sensorium. Whence those properties of drugs, like that possessed by *cannabis indica*, that produce such weird and unexplainable pictures of mental activity? Do drugs touch the so-called soul? What we call soul is certainly modified by other material influences, why not by drugs? Even if we cannot give a rational explanation for these phenomena, common or uncommon, the fact that they occur is a fact, nevertheless. Because we do not know the *rationale* of these symptoms we should not be debarred from making use of these phenomena when we employ drugs in the treatment of the sick, for we know positively, at best, very little as to the real action of drugs, and we know still less as to the manner in which cures are wrought by drugs when we introduce them into the body.

We must prove drugs on animals, and carry it to the lethal extreme. Otherwise we can only guess at some of the possible actions of drugs. No proving in man has been voluntarily pushed to the production of its ultimate effects, and hence there is no absolutely correct proving in existence. We have, therefore, all along been struggling with partially proven drugs, and we have been more or less successful in their employment,

as has also every other school or system, according to their lights. More or less successful, I say, for men are not fools, even although they may differ in regard to many points in the administration of drugs. Schools could not exist for twenty minutes if there was not a rational, or fairly rational, ground for that existence; if they did not secure some apparently good results from the administration of drugs.

I do not deem it necessary here to combat the idea that suggestion, or hypnotic influence, is responsible for most of the results we think we secure from drugs. Such a position is worse than begging the question. While, undoubtedly, the mind, or the influence of the mind of the doctor upon that of the patient, has much to do with certain kinds of success, it is not responsible for the undoubted drug effects produced upon the unconscious, the insane, or babes in arms, and we do not all have that wonderful influence over our patients that we can make a dropsy disappear over night by the process of hypnotization. If we could, we would not have to make night calls. We could hypnotize them over night, and make their colics take to themselves wings. If we could do these things by suggesting, I fear we could be justly accused of out-quacking the Christian Science brethren, with their one part truth and ninety-nine part error theory, and we could go into the "absent treatment" with a vengeance, particularly in such easy cases as uræmic convulsions, or such a piccadillo as a post-partum hæmorrhage; and immediately upon the administration of any old kind of a drug our rheumatic patients would, with smiles on their faces, take up their beds and walk, and bless us besides. At any rate, suggestion as a means of treatment, even if fairly successful, is not nearly so frequently useful as the giving of drugs, chosen with something like decent regard for the object to be attained by their administration.

It seems to me that we, as homœopaths, have failed to recognize the full significance of our supposed law of cure. It appears to me that there is one general law underlying this whole matter of drug administration. We have boasted about our law of cure without thinking much about the fact that there *is no such thing as a law of cure*.

Although we have, as a medical profession, been studying drugs for years, we do not to a certainty know how any cure is

wrought. The homœopath says he cures by substituting a drug disease for a natural one, while our old school friend says he does it by utilizing the physiological actions of his medicines. Both are partly right and both are partly wrong. Both are simply using words to make plain ideas that they entertain about how a drug acts; but no one *actually knows how a drug acts*. It is administered, certain results follow, but seldom, if ever, can these results be traced to the *fons et origo*. If the homœopath gives to a case of simple fever, with a hard, bounding pulse, hot skin and anxiety, a dose of aconite, and the skin becomes moist, the pulse softer and the fever falls, he declares that his cure is wrought by the law of like cures like. Our old school brother gives quinine to his case of intermittent fever and his case recovers, and he says that it is because quinine is an anti-periodic, a protoplasmic poison, and that it destroys the plasmodia of malaria, and yet quinine cured intermittent fever before it was known that such a thing as the plasmodial germ existed in the blood of malarial patients. Drugs affect the function of cells, and certain of these results we see, or think we see, in the phenomena that follow the administration of drugs; but we do not, in reality, know in exactly what way this change in function is wrought, although we see certain alterations in phenomena, but these are the mere outer results of the inner workings of the drug. We cannot tell whether the action is chemical, electrical, nutritive, or what not. We classify drugs so as to indicate, in a general way, the outer aspects of their action. We say diaphoretics act on the skin; we simply know that certain glandular structures are more active and the skin moist after their administration, and we guess we know the action that is taking place in the cells, and in many instances, no doubt, our surmises as to the *rationale* of the action of certain drugs upon the cells is correct.

I have asserted that there is no such thing as a law of cure; that the so-called law of similia was a misnomer. The supposed law enunciated by Hahnemann is not a law of cure, but a *principle of drug selection*. The method of selecting a drug has nothing whatever to do with the law or method by which a cure is wrought. Have we not been mistaken in supposing that the administration of drugs according to the dogma similia was tantamount to the evoking of a law of cure? The cure is



wrought in many instances, but not in all. We were led to the cure by the method of selection as practiced by the homœopath. The beneficent change was wrought by the manner of selection, but not by virtue of a law of cure, for symptomatic prescribing takes in but a small portion of the principle of similia that lies at the bottom of the selection. This principle of drug selection, wrongly termed a law of cure (and only partially employed by homœopaths to-day), is at the bottom of all drugs administered internally, no matter by what school. The law or rule of similia, properly understood, properly applied, is the greatest principle of drug selection it is possible to conceive of in the present state of our knowledge, and we, as homœopaths, have been recreant to our trust in that we have not fully developed it and shown to the world of therapeutics, not that medicine knows nothing of drug prescribing, but that in the despised law of similia lays the secret of the fundamental principle that lies at the very foundation of all successful drug prescriptions in curable cases.

Do not tell me that the investigations into the origin of many diseases has shown that many maladies are the result of the ravages of certain germs and of their products, and hence we must adopt wholly new methods of treatment. Before you adopt that view, think for a moment. Is aconite less successful in the treatment of pneumonia now than it was when we did not know that the pneumococcus is the cause of the disease? Is veratrum viride any the less successful in lowering the pulse-rate? Is china, or its alkaloid, any the less capable of aborting a paroxysm of intermittent fever than it was when we knew nothing of the malarial plasmodium?

So far as I can see, all drugs, used by any school, that have at all a definite and specific curative relationship to certain diseases (or, I may say, to disease processes) show that, whether consciously or unconsciously to the prescriber, those drugs had or could produce a more or less perfect picture of the condition for which they were prescribed. We have thought that similia was a law of cure. I think it is a principle of drug selection. I do not detract, therefore, from the dignity of the so-called law, and it would not matter if I did, for we as physicians want to know the truth and nothing but the truth. Regarded as a law of selection, the field of its application is infinitely widened,

and its importance, fully understood and appreciated, will lead to an entire revision of our methods of interrogating drugs as to their powers to modify cell function, upon which fact their ability to assist the sick solely depends.

I have frequently claimed that many of the so-called physiological drug-actions of the old school were exquisite examples of selection according to similia, and I have been met by the answer that I was wrong, forsooth, because the results were not produced in the so-called homœopathic way, but were due to the physiological action of the drug employed. My answer is that we do not really know how the alteration in cell function takes place, and that we only see the ultimate result, not the inner mechanism by which the result is achieved. I have said that all drugs have the power to produce two opposite states and conditions, either as the direct result of differing dosage of drugs or as the result of the reaction of the system against the influence of the drug, and that, practically, whether as the result directly of the action of the drug or the reaction of the cells against it, the position that the opposite conditions and the intermediate states were produced, could be assumed as correct. This being true, the other proposition, that all known so-called specifics showed a similitude to the condition for which they were prescribed, is understandable. If we accept the necessity for proving drugs upon human beings and upon animals, in order to secure a picture of their possible action, it will be seen that the rule of similia is everywhere prevalent in the prescriptions of all schools. The old school man prescribes digitalis for a rapid, irregular action of the heart, because he conceives that it is this particular function in the heart he wants to modify, and he expects certain secondary effects to follow. The narrow homœopath, who will not see that drugs have two ends to a plane of action, or rather a circle of action, any part of which is a certain phase of a disease picture, condemns the old school method as physiological, and then he prescribes his digitalis for a slow pulse, and finds that the pulse-rate quickens, and he calls his action homœopathic. Both were homœopaths and both were allopaths when they made the prescription, if viewed in a narrow sense.

How much simpler the conception of the action of drugs becomes when we take the so-called law of cure, similia, as a

method of selecting drugs, and say nothing about how the cure is wrought, for none of us know or can know that. Many of our local applications are employed on the principle of similia as a selecting formula. The action of heat is primarily to dilate the tissues, and subsequently to contract, and cold to primarily contract, and secondarily to dilate, and we utilize both these phases of water temperature, and we are following the similia method of selection when we do it. Taking all the possibilities of drug-action into consideration, we can play along any part of the plane (or circle, if you like that idea better), and, understanding what we want to do with our drug, what particular part of cell modification, and how much of it we want, by modifying the dosage of the drug, secure an action.

Do not let us blame drugs for failure, but our lack of knowledge to know how to select them, and what dose to use, when to repeat, when to stop, when to modify, by the addition of another drug which shall partially maintain one action while we are working on another function with another drug (possible); all of which are factors that come in for blame, rather than the drug itself.

I could, I think, infinitely multiply examples illustrating the fact that the underlying principle of drug selection is the so-called law of similia. You can yourselves, however, by taking up the materia medica of any school and noting the similitude to either the symptomatology or known pathology of disease, see that the drugs employed have the power to produce somewhat similar phenomena to the maladies for which they are prescribed.

My principal contention is, that drugs have a two-fold, aye, more than a two-fold, action; that they, or the reaction of the system against them, produce precisely opposite states and conditions of the body cells, and *that any phase of this action may be made the basis of a drug prescription, on the principle, not of like cures like, but that a similitude of symptoms or states forms the basis for the selection of the curative drug.*

A drug selected according to its similitude to a case may act by inducing equilibrium in function, and equilibrium of function, the happy medium between exaltation and depression of activities, ought to approximate normality. A drug, properly given, establishes this equilibrium, no matter whether we hit



at it in what is called the homœopathic or the allopathic method. A failure to appreciate the fact that a drug has a variety of actions from the moment of its entrance into the system, and that regulated dosage or individual idiosyncrasy determines the effect along the plane of its action, and that whatever its starting point, it has the power of ultimately reaching the opposite state of action, has robbed the homœopath of far more than half his ability to successfully prescribe, and has also deprived the so-called regular from the magnificent drug effects secured by his homœopathic brother.

Drugs affect certain cells or groups of cells in a particular manner; that is to say, their function is obviously altered, and this phase can be utilized in prescribing, as well as its opposite, or even middle effect.

I think, therefore, that most of the effective prescriptions of drugs, by either isopaths, homœopaths, allopaths or eclectic, show that there is a similitude between the disease picture, or rather some phase of the disease picture, and the administered medicine alters cell action in such a manner that a return toward health is promoted. True, cells may have to be altered in many ways before, in acute disease, complete health is restored in curable cases; but, nevertheless, there is in every intelligent prescription a similitude between the phase of the disease successfully prescribed for and the resultant move toward a restoration of cell equilibrium. Even in nature's attempt to cure, in the so-called self-limited diseases, whether she do so by the development of a phagocytosis or an antitoxin, she endeavors to produce the very opposite of the diseased picture, and, while neither she nor the drug always succeed in producing the very opposite picture, the whole tendency of nature, and of drugs, is to go toward the opposite side of the prevailing condition: and mostly equilibrium, and not the opposite condition, is produced, and equilibrium is relative health.

Drugs prescribed at either end of a disease picture produce the best results, not when the opposite condition is induced, but when they tend toward the opposite and induce equilibrium.

To my mind the interpretation of the so-called law of cure as a principle of drug selection, of almost universal applicabil-

ity, and the recognition by the homœopath that his purely symptomatic prescriptions only embrace half the truth at the foundation of the possible cure, and the recognition by all schools of the fact of the relationship of drug prescribing to a similitude in the symptoms and states produced by drugs, will lead to the development of a *materia medica* that will ultimately, with the hearty co-operation of all schools, to incalculably important results in the systematizing of our present vague and uncertain observations of drug-action, and will tend to make a rational posology. If *similia* be accepted as a basis upon which a remedy may be selected, because provings have shown a power of the drug to act upon the tissue-cells that have produced the symptoms, we will be at the beginning of a new and glorious era in the progress of medicine. Come, "let us reason together."

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#### THE PRESENT STATUS OF ROENTGEN RAY THERAPY IN THE TREATMENT OF MALIGNANT GROWTHS.

BY BERNARD E. BIGLER, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of Pennsylvania, September, 1903.)

It was but a few months after the announcement in 1895, by Dr. Roentgen of his observations on the properties of the X-rays, that a number of the investigators recognized valuable therapeutic effects from them, when directed upon living tissues affected with tubercular or malignant disease. Enthusiastic experiments were at once undertaken and the most optimistic views were entertained as to their universal applicability in malignant disease. These hopes, however, have gradually been compelled to yield to more rational and sober recognition of the necessary limitations of this valuable therapeutic agent.

The efficiency of the X-ray in the treatment of superficial malignancy is beyond a doubt, but we are not as yet in a position specifically to determine the depth to which their influence may extend. The first case of malignant disease treated by the X-ray was a cutaneous carcinoma, which was reported by Stenbeck (Stockholm) in 1900. Since that time the use of this method in the treatment of malignant disease has increased by

rapid strides, until now it is given a trial in the most varied conditions. The cutaneous carcinomata or the so-called epithelioma are the ones in the treatment of which the greatest success has been obtained.

I will not enter into the therapeutic use of the X-rays upon tubercular lesions, but merely mention that as yet no limitation has been reached regarding its usefulness in this class of disease. Its practically specific action upon lupus vulgaris has led to its use in almost all tubercular affections, with many gratifying results.

The gross effects upon normal tissue by the X-ray have been so far studied almost exclusively as they manifest themselves in the skin, for the simple reason that the skin shows the most marked changes, and also has to withstand the full strength of the exposures. Certain definite phenomena occur. The first to appear is a pigmentation or a slight erythema, or perhaps a loosening of the hairs. This pigmentation resembles precisely the ordinary sunburn. The next effect may be classed as inflammatory, and can be subdivided into the three degrees of burns familiar to all. The depth to which the tissues are involved depends upon the intensity of the X-ray effects.

Great care should always be exercised in giving repeated exposures, as the cumulative action of repeated X-ray treatment is a universally accepted fact. It seems both rational and logical to me that any agent having such marked effects upon normal tissue should have an equal, if not a greater, effect upon diseased areas.

As to the histological changes in the skin. I do not think I can do better than quote the observations of Pusey. His conclusions are as follows:

1. X-rays influence especially or exclusively the cellular elements of the skin. These are influenced primarily and undergo a slow degeneration in which the connective tissue, the elastic tissue, musculature and cartilage are changed only in a slight degree, and suffer only secondarily as a result from the cellular degeneration and inflammatory reaction consequent to it.

2. The degeneration affects the epithelial cells in the highest degree, and to a less extent the cells of the glands, the vessels, the muscular tissue and the connective tissue.

3. The degenerative appearances are of various kinds and affect both the protoplasm and the nuclei.



4. As soon as the degeneration of the cells has reached a certain point, and inflammatory reaction appears, which manifests itself in a marked dilatation of the vessels with the gathering leucocytes and marked emigration of the blood-corpuscles. When greater degeneration of cells occurs as a result of stronger exposure, collection of leucocytes press into a mass of degenerative cells and accomplish their further destruction.

5. The changes in the large and small vessels are apparently of greater importance as effects of further development and slow healing of ulceration.

The most plausible theory laid down at present, as to why certain diseased tissues, for example, tuberculosis, sarcoma and carcinoma, show greater susceptibility to the influence of the X-ray than normal tissue, is that, on account of the relatively unstable character of the cells of pathological tissue, they are more readily destroyed by any disturbance of nutrition. Therefore, in many instances diseased tissues may be made to undergo degeneration, absorption and even replacement by healthy connective tissue, without any interference with the nutrition of the healthy parts. The possibilities of the therapeutic action of the X-ray might be classified as follows:

1. Their anodyne effect.
2. Their effect causing atrophy of the appendages of the skin.
3. Their destructive action upon certain organisms contained in the tissues.
4. Their regenerative and stimulative action upon metabolism of tissues.
5. Their power of destroying certain pathological conditions in the tissue.

One constantly hears that the use of X-ray as a therapeutic agent is as yet altogether empirical. Nevertheless, they have been found to exert certain influences upon tissues, both normal and pathological, which give us a good starting-point for recognizing definite and positive indications for their use. The use of X-radiation is still in its infancy, so as yet we can place no limitations upon its usefulness.

I believe that the time will come when the physics of the radiation from a vacuum-tube will be thoroughly understood,

and then we will be able to separate the harmful effects from the beneficial. By so doing we may then treat deep-seated growths without the present danger of severe burning.

In ulcerating growths, if the treatment is employed too vigorously, I mean by that an irritation set up, the cancerous infection will invariably extend to the areas of the X-ray burn, doing harm instead of good. There is one class of cases which seems to resist most stubbornly any beneficial action of the X-ray, and I might even say are practically incurable; this is the class of cases which have progressed so far that no surgical measure even is of any avail. I can modify this to a certain extent as shown by statistics; some of these inoperable cases have been "cured" by X-ray, but they are very few and far between. On the other hand, cancerous disease in its early stages, when not deeply situated, is arrested in its growth and made to disappear in the majority of cases.

Dr. Codeman, of the Massachusetts General Hospital, reports 100 cases of epithelioma healed or healing; he mentions no recurrences as yet. He also reports having treated a round-cell sarcoma of the sterno-clavicular region, causing it to entirely disappear.\*

Childs cites 6 cases of epithelioma which all disappeared entirely under X-ray treatment, 1 case of secondary carcinoma of the spine, with recurrent nodules in the right breast, in which all the intense suffering, that so generally accompanies spinal carcinoma, was relieved.†

Mosely reports 12 cases of malignant disease treated by X-ray, classified as follows:

Epithelioma of lip, . . . . .	Cured.
" " " . . . . .	"
Sarcoma of temporal region (recurrent), . . . . .	"
Carcinoma of inguinal region, " . . . . .	"
Epithelioma of face, . . . . .	Much improved.
Carcinoma of breast, . . . . .	Much relieved.
" " " . . . . .	Much improved.
" " " . . . . .	Not "
Sarcoma of pharynx, . . . . .	Died.
Sarcoma of buttock, . . . . .	"
Carcinoma of breast, . . . . .	"
Carcinoma of inguinal region, . . . . .	"
Carcinoma of jaw, . . . . .	"

\* *Medical News*, April 25, 1903.

† *Medical News*, January 24, 1903.

The 5 cases having a fatal termination, all were severe and in the last stage of the disease.\*

Newcomet gives favorable reports of 3 secondary carcinomas of the breast and 4 cases of epithelioma.†

Turnure, on observations extending over a period of two years at the New York and Roosevelt Hospitals, reports 5 cases of epithelioma of the nose, all of which disappeared; 3 cases of epithelioma of the lip, 2 disappearing; 2 of the penis, one of which disappeared; 7 cases of recurrent carcinomata of the breast, only 1 satisfactorily disappeared. All the 7 cases were temporarily relieved.‡

Leonard reports a case of atrophic scirrhus of the breast in which the malignant disease has been replaced by healthy tissue. He also reports cases of inoperable and recurrent carcinoma of the breast at present under treatment, which present a clinical aspect, showing a beneficial result from the X-radiation.§

A supposed carcinoma of the kidney was cured by McDowell with Roentgen ray.||

Skinner shows by statistics that so far only 5 per cent. of superficial malignant growths "cured" by Roentgen rays have recurred; 80 per cent. of all the cases subjected to treatment were cured or arrested. In September, 1902, he reported 33 cases of deep-seated malignant growths which he had under treatment for nine months. He gives a further report of the 33 cases, of which, at present, there are 3 cures; 13 permanently benefited and are still improving, with good prospects of ultimate cure; 12 temporarily benefited; 2 that experience no benefit; and in 3 the treatment was discontinued by the patients before sufficient time having elapsed to indicate if any good results would have been produced.¶

Scully reports very gratifying results in the treatment of 3 cases suffering from malignant disease of the cervix uteri.\*\*

\* *American Medicine*, January 31, 1903.

† *Philadelphia Medical Journal*, January 10, 1903.

‡ *Medical Record*, February 7, 1903.

§ *Philadelphia Medical Journal*, February 14, 1903.

|| *New York Medical Journal*, May 30, 1902.

¶ *Medical Record*, December 27, 1902.

\*\* *American Medicine*, February 14, 1903.



A case of fibro-sarcoma reported by Lowry, which is of interest as a pathological examination of the site of the growth, showed no sarcomatous cells present. Patient died of typhoid fever.\*

Turner reports 18 cases, embracing carcinoma, sarcoma and epithelioma, nearly all inoperable, and therefore more difficult to treat successfully; and yet all but 3 showed improvement, and some of them remarkable improvement, the breast cases the most successful and the tongue the least.†

W. J. Morton gives full record of 12 cases of carcinoma of the breast treated by him by X-radiation. Nine of these were primary, 6 of the 9 entirely disappearing, 1 being an ulcerating carcinoma with marked œdema of the arm, 3 showing much improvement, with a good chance of ultimate disappearance. The 3 remaining of the 12 were recurrent carcinoma, 2 entirely disappearing, and the third, which was accompanied by œdema of the arm, showed much improvement. In both cases in which the œdema was so marked there was, at the commencement of treatment, entire loss of motion of the affected arm, but in both instances the œdema, pain and loss of function all disappeared. In all the cases, with the exception of the ulcerating carcinoma, a dermatitis, intentionally carried to a red-purplish stage, followed by excoriation of the epidermis and effusion of serum, in some instances to a purulent discharge, was made to appear; but in all but one case complete restoration of the epidermis to its normal type followed in from one to four weeks. In many instances no shield was even made use of. A very good idea, in my opinion, is the one used by Morton, that of X-raying at frequent intervals from behind the scapula, the fluroscope showing that the thoracic cavity offers but small obstruction to the radiation. This view corresponds to the researches of Volkmann and Heidenheim, who have pointed out that even in a case of a very small carcinomatous nodule the deep fascia of the muscles of the chest may be infected. The anterior aspect of the ribs and the clavicle may entirely shield an infected area behind these bones. Morton says, "I do not hope for good results in these cases except by the production of a severe and extensive dermatitis."‡

\* *American Medicine*, March 4, 1903.

† *Edinburgh Medical Journal*, December, 1903.

‡ *Medical Record*, May 30, 1903.

Pusey reports fully 27 cases of epithelioma: 20 cases, 77.7 per cent., are, as far as can be told by their present condition, cured. In 6 cases of carcinoma of the pelvis, he reports 2 in which a positive effect was produced, the tumor masses in both cases decidedly diminished in size, and pain ceased, and in 1, where there was carcinomatous ulcerations in the vagina in conjunction with carcinoma of the uterus, the ulcerations entirely disappeared. Out of 18 cases of recurrent carcinoma of the breast, 8 cases, or 44.4 per cent., practically showed no result except marked relief of pain; the remaining 10 cases showed results regarded as very satisfactory. All of the 18 cases were practically beyond relief by any other method, and this shows one point conclusively, and that is, the great importance of getting patients for treatment at the first evidence of a recurrence.

In 7 cases of primary carcinoma of the breast, Pusey reports 1 absolute cure. Two patients died from other diseases after the tumor masses had decidedly softened; in 3 of the cases the disease has been checked, and in only 1 case there is no appreciable result. Five of these 7 cases were referred by surgeons, who gave highly unfavorable prospects of the successful surgical removal.

One case of adeno-carcinoma of the œsophagus was reported by Pusey. There was prompt disappearance of discomfort and pain, and gradual improvement in swallowing. Six weeks from the commencement of the treatment the patient had gained nine pounds, the pain had disappeared entirely, and he had no difficulty in swallowing. Seventh months subsequent to the beginning of treatment he regained almost normal weight, had no pain and was as vigorous as he ever was. It is well to state here that a piece of the growth had been removed from the œsophagus by Dr. Halstead, and a microscopic diagnosis of adeno-carcinoma was made. Six cases of carcinomata in the pelvis are reported by Pusey, but little effect was produced in any of them except relief of pain.\*

Coley reports 14 cases of sarcoma, 5 of which entirely disappeared; in 3 the tumor decreased in size, but metastases formed elsewhere. In the remaining 6 there was improve-

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\* Pusey and Caldwell: *Roentgen Rays in Therapeutics and Diagnosis.*

ment at first, then a gradual increase in size, but in all there was loss of pain.\*

Williams (Boston), in his excellent work on *Roentgen Rays in Medicine and Surgery*, gives report of 101 cases of small and new growths treated by radiation; 59 of these have entirely healed. This group is made up as follows: 4 carcinomata, 44 epitheliomata, 8 rodent ulcer, 1 spindle-cell sarcomata, 1 ulceration and necrosis. Eighteen cases still under treatment, 17 discontinued treatment, and 7 not healed. He also reports 31 cases of breast cancer; 7 of them entirely healed (comprising 6 carcinomata and 1 sarcoma); 13 cases are still under treatment; 4 discontinued treatment; 7 not healed.

I have 17 cases to report on, embracing epithelioma: 4 carcinoma; 4 primary growths; 2 recurrent; 2 cases treated after operation (the entire growth having been removed); 4 sarcomata, 3 recurrent and 1 primary; and a nondescript tumor of the right breast in a highly nervous patient.

Mr. J. D., 65 years. Epithelioma of upper lip. Has had one growth removed four or five years prior to my seeing him. The recurrence involved the left wing of the nose and the margin of that nostril. Commenced treatment May 13th. After four treatments the soreness was entirely gone, from which he had been greatly annoyed, and the angry red look disappeared. He had eleven treatments, and the growth has practically disappeared. He left the city for over a month, and on his return he had some little soreness, but two treatments removed this, and there is no sign of the growth at the present time. In this case I established no erythema whatever.

Mr. B. T., 32 years. In December, 1900, Dr. Van Lennep removed his coccyx and resected a portion of the rectum with a large epitheliomatous mass. In November, 1901, Dr. Van Lennep again operated him, this time performing a typical colostomy and removing as much of the growth as possible from the rectum. It having recurred again in January, 1902, Dr. Hall commenced the Alexander treatment, and by May all signs of the growth had left. April 10, 1903, he was referred to me by Dr. Hall for X-ray treatment. At this time there were fungating masses on the buttock about the anus, or what would have been the anus, and extensive induration.

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\* *American Medicine*, 1902, p. 251.



I have given him forty-one treatments (July 24th), twice starting a slight erythema. Some of the fungating masses have broken down and seemed to have left pits; there is no induration. This is an extremely obstinate case, and I doubt if very much can be done in the curative line, but I think the growth can be retarded, as it has not grown since the commencement of treatment. Pain, as in most cases, disappeared in a short time. Treatments were given two to three times weekly. Each treatment never exceeding five minutes.

Miss L. K., age —, was sent to me by Dr. Grimshaw, with the diagnosis of epithelioma of the angle of the mouth on the right side. This diagnosis was corroborated by Dr. McNeil, who made the microscopic examination. It was no larger than a good-sized gum-boil. I gave her seven treatments between May 28th and July 17th, and at the last-mentioned date there was no sign of the growth; I produced no erythema. She drops in to see me once every three to four weeks, to be sure we have it under control.

Of these 4 cases, 3 have entirely healed and are on the high road to a permanent cure, the other is greatly benefited.

Mrs. B., 35 years, colored. Epithelioma of lower inner margin of the left labia majus. Microscopical diagnosis twice made by Dr. D. B. James. In three treatments her pain had entirely disappeared, of which she complained as a sharp, burning pain continually. The growth, which was about the size of an ordinary marble, gradually diminished in size. She received very irregular treatments, nevertheless, by the end of June the growth could be scarcely made out, and by the end of July it had practically disappeared. She is still undergoing treatment once a week.

Mr. H. K., 55 years. Carcinoma of the bladder. Was operated by Dr. Van Lennep on March 25th, performing a suprapubic operation and thoroughly washing out the bladder, and exposing the growth in the wound. I began X-ray treatment on March 26th, focusing the rays directly into the wound. His pain almost ceased entirely, and he rested comfortably. He received twenty-eight treatments in two months. He died May 25th. This patient was at least made comfortable; he suffered none whatever. His death was due to liver metastases. The growth in the bladder did not increase in size. A slight reaction was produced, not intentionally.

Mr. E. S., 47 years. Scirrhus of left breast, involving the muscles of that side. This diagnosis was arrived at by his former physician, who made a microscopic examination. When referred to me he had been to a paste doctor for some months; the application had removed the outer portion of the growth, but left an ulcerating pit, an inch wide by two and a half inches long; surrounding this, induration was very marked, especially of the biceps muscle. With treatments given two to three times weekly, the induration entirely disappeared, and the open wound is healing nicely. He is still under treatment.

Mrs. C., 42 years. Adeno-carcinoma of right inguinal region, the induration and growth extending along Poupart's ligament of that side. There is also present marked deep induration. Referred to me by Dr. Hall, who had been and is still giving the Alexander treatment. The two broken-down masses measured each about one inch in diameter, situated near the centre of the growth. Very little benefit has been so far derived from the X-ray treatment. She has received from two to three treatments a week for the past three months. There has been no increase in the size of the growth, and the induration is much improved.

Mrs. S., 57 years. Recurrent scirrhotic nodule near axillary line of right mammæ. In March, 1894, Dr. Van Lennep removed the right breast and pectoral fascia. There was no sign of recurrence until April, 1900. She was again operated in October of that year. Since November, 1901, another nodule has recurred. On April 9, 1903, she was advised to try X-ray treatment, by Dr. Van Lennep, as another nodule had appeared. She received two treatments a week. In three weeks there was no sign of the nodule. I referred her back to Dr. Van Lennep, he giving the same report. She went West for a month; on her return there was still no sign of the growth. I now see her every week or so, and give an exposure these times to still further lessen any chance of recurrence.

Mrs. R., 65 years. Carcinoma of upper outer quadrant of right breast. An enormous sloughing carcinoma was removed by Dr. Van Lennep, February 10, 1903, but on account of the extreme weakness of the patient a large, hard nodule, the size of an English walnut, was left in the axilla. Eight days after operation I commenced treatment, every day at first; all pain

ceased after the second treatment, and by the fourth day there was distinct softening in the nodule and the skin became more pliable. In a week and a half no nodule was present or could be felt. The large wound, left to granulate, began to heal very quickly, and at the present time there is no sign of a recurrence, and there is a good pliable scar.

Mrs. S. W., colored, 65 years. Ulcerating carcinoma, involving the whole outer side of right breast, with enormous œdema of that arm. Has been coming at irregular intervals for treatment. The only benefit, as yet, by the treatments is the disappearance of the shooting pains.

I will not cite the 2 cases treated after operation as a prophylaxis, but merely say that in one the scar had assumed a keloid character, but soon softened up and is now nearly normal.

A summing of these 6 cases brings us to the following conclusion :

Of the 4 primary growths, 1 was beyond any hope of cure, but all pain was at least stopped. One has not been long enough under treatment for any deductions; another has been very little benefited; and 1 is on a high road to a permanent cure. The 2 recurrences disappeared entirely, and as yet no sign of their return.

I have treated 1 case of nondescript tumor in a highly nervous woman 41 years old. The growth or lump was as large as an egg, situated in the outer half of the left breast; was not movable at first, but soon became so. She was given treatments three times a week for two months; a slight reaction was obtained twice; at the present time there is no lump present.

Of the 4 cases of sarcoma, there has been only a marked result in 1 case; the other 3 all had relief of pain; but in only 1 of the 3 did the growth diminish in size. This patient left the city and failed to continue treatment. In another of the 3 there was no increase in the size of the growth.

Mrs. R., 49 years. Recurrent sarcoma of the right parotid region; very rapid growth; had been removed only three months prior to the commencement of treatment. Patient was operated by Dr. Van Lennep, March 10, 1903, performing a complete circular excision by a generous circular incision. Three days subsequent to operation I began treatment on what



seemed to be a hopeless case. There was a hole in the right side of her face four inches long by three inches wide. She received treatments daily until she left the hospital; then she came to my office three times weekly. There was entire healing of the wound by the latter part of June, but it was materially helped by an attack of erysipelas, from which she suffered during the two first weeks of June. There is no sign of recurrence up to date, or any signs of induration.

Miss C., 18 years. Recurrent sarcoma of left groin. First operation was performed July 31, 1902. I saw her first April 18, 1903, and immediately began X-radiation, for she had been classed among the inoperable cases by the surgeons. In a week erythema appeared; in two weeks I stopped treatment for a week. After this time she came at very irregular intervals, until she stopped coming altogether. The result in her case was not discouraging by any means; pain ceased and there was no increase in the growth, but even a diminution and softening during the period of treatment, extending over eight weeks, whereas it had been growing rapidly before.

Mrs. O., 31 years. Sarcoma of omentum. This was a hopeless case throughout. She was operated in clinic by Dr. Van Lennep. Merely an abdominal incision was made, exposing the growth. From March 25th to April 17th, when she went home, she received four treatments a week. Her pain almost ceased; there was no appreciable increase of the size of the growth; but she was losing flesh rapidly and showed signs of rapid metastatic formation. On that account she was taken home by her family.

Mrs. E., 75 years. Recurrent sarcoma of groin and inner side of thigh, in the region of the Sartorius muscle. Dr. J. E. James operated on this case twice, each time performing a thorough excision, but each time the growth recurring. She was referred to me after the growth had attained the size of a small orange. The Alexander treatment had been resorted to, with no result. The X-ray in this case seemed to do little or no good, and she was advised to have it discontinued. The growth was increasing slowly in size. I think if she had continued it a little longer, and I could have set up a severe dermatitis, there might have been a probability of checking the growth.

*Carcinoma.*

Location.	Healed.	Improved.	Not Improved.	Died.	Total.
Breast.....	33	28	20	3	84
Esophagus.....	1	...	...	...	1
Inguinal.....	1	...	1	1	3
Jaw.....	...	...	1	1	2
Pelvis.....	...	2	...	...	2
Spine.....	...	1	...	1	2
Authorities :					
Williams.....	4	...	...	...	4
	<hr/> 39	<hr/> 31	<hr/> 22	<hr/> 6	<hr/> 98

*Epithelioma.*

Lip.....	5	...	...	...	5
Face.....	1	1	...	...	2
Nose.....	5	...	...	...	5
Penis.....	1	1	...	...	2
Vulva.....	1	...	...	...	1
Authorities :					
Codeman.....	100	...	...	...	100
Newcomet.....	3	...	...	...	3
Childs.....	6	...	...	...	6
Pusey.....	21	...	...	...	21
Williams.....	52	...	...	...	52
	<hr/> 195	<hr/> 2	<hr/> 0	<hr/> 0	<hr/> 197

*Sarcoma.*

Breast.....	1	...	...	...	1
Buttock.....	...	1	1	1	3
Groin.....	...	2	1	...	3
Kidney .....	1	...	...	...	1
Lip....	2	...	...	...	2
Omentum.....	...	1	...	...	1
Parotid.....	1	...	...	...	1
Pharynx.....	...	...	1	1	2
Side.....	1	...	...	...	1
Sternum.....	1	...	...	...	1
Temp. region.....	1	...	...	...	1
Authorities : Coley...	5	6	3	6	20
	<hr/> 13	<hr/> 10	<hr/> 6	<hr/> 8	<hr/> 37
Total.....	247	43	28	14	332

The following cases are not tabulated, the varieties not having been mentioned.

Of Skinner's 33 cases of deep-seated cancer, only 2 derived no benefit.

Scully's 3 cases of growth of the cervix, all were helped.

Turner's 18 cases of sarcoma, epithelioma and carcinoma, all but 3 showed improvement.

I think if one examines this table, especially the doubting ones, we all can safely say that so far there is no reason why the use of X-radiation should in any way be belittled, for the results in the 382 cases are anything but discouraging.

As regards the production of a dermatitis to effect a cure, it is difficult to lay down any hard and fast rules. Some authors claim no burning is necessary; others say a slight amount; and, again, some say it is absolutely essential in obtaining good results. I believe, that in growths covered by skin and not broken down, a dermatitis should be excited, setting up a leucocytosis, which is such an essential factor in tissue reparation. We are looking for deep-seated repair, and in my mind this cannot be accomplished without a dermatitis, the skin to a certain extent offering a resistance to the rays. In the ulcerating carcinomata and sarcomata, care should be taken not to produce any irritation, for, if produced, cancerous infection invariably spreads to the areas of the burn. Looking from another standpoint, errors may be committed which in my mind will aid the growth of the cancer by not having sufficient strength to cause degeneration, but rather a stimulative action. Here, though, as everywhere else, each case must be individualized.

Malignant tissue may be caused to disappear in two ways. The slow process, which is the safest, of replacement, or a metamorphosis by fibrous or adipose tissue. The rapid, or dangerous, by sloughing and necrosis of the diseased tissue.

As to the dosage and time of treatment, each operator has his own measurements. The range of current is from 16 to 220 volts and  $\frac{1}{2}$  to 10 amperes, and the time from three minutes to half an hour. I make use of storage batteries having a capacity of 16 volts and a normal discharge-rate of about 10 amperes; as the amperage is very high, my exposures are proportionately short, seldom exceeding five minutes.

Operators using one-half ampere discharge-rate give as high as twenty to thirty minutes at a sitting.

I usually give treatments every other day, at first, until the commencement of an erythema; then every third or fourth day. If the dermatitis becomes severe, treatments are stopped until the irritation subsides; but no set rule can be laid down,



as some cases show a decided susceptibility to the reaction of the rays. The part to be treated should never be nearer the bulb of the tube than six inches. Relatively speaking, a tube of low vacuum should be used for superficial, and a tube of high vacuum for deep-seated, growths.

In conclusion, I would say, in deciding whether operation or X-ray should be resorted to, that under X-radiation, carried out properly and with care, any improvement will show itself within two to four weeks, in the majority of cases; therefore a trial does not occasion much delay. In my own limited experience I think this especially holds good in carcinomatous recurrences, for these have yielded more rapidly than the primary growths. The primary tumor should be given a little longer time before having recourse to surgical means. In some instances, even if no appreciable results can be made out, I believe that often deep-scattered nodules are made to disappear; and it also aids as a prophylaxis after operation. For the past ten months, in every case of malignant disease surgically treated by Dr. Van Lennep, he has had me apply X-radiation in forty-eight to seventy-two hours after operation, given at intervals of from two to three days and from one to three months, according to the case. This, I believe, should be done in all malignancies. It hastens healing, lessens the liability to infection, decreases any discharge or odor if present, relieves pain, and materially decreases the chance of recurrence.

Lastly, all cases of carcinoma, sarcoma, etc., should be treated with the X-ray before abandoning them as hopeless.

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A METHOD OF FACILITATING THE DIAGNOSIS OF ULCER OF THE STOMACH AND DUODENUM.—Dr. Mendel, in those cases where a diagnosis of peptic ulcer of the stomach or duodenum is uncertain, recommends after the abdominal walls have been relaxed to tap smartly and lightly with a percussing hammer over the epigastrium. If there be an ulcer present, there will be a certain definite area where the patient will experience severe pain, followed by a disagreeable sensation of longer or shorter duration. The painful zone is well limited and circular, outside of which there is no painfulness, even to a smart blow. The vibration is transmitted through the abdominal walls to the ulcer. The sensitiveness decreases as the ulcer cicatrizes. In ulcer of the duodenum there will be found an area of the size of a half dollar to the right of and near the linea alba. Also, in gastritis, cancer and cholelithiasis, one may obtain the signs of a sensitive area, but it is never so well outlined as in ulcer of the stomach.—*La Semaine Medicale*, No. 14, 1903.

## ENERGY IN ITS RELATION TO DRUGS AND DRUG-ACTION.

BY PERCY WILDE, M.D.,

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IN the paper bearing the above title, I showed some experiments relating to the physics of trituration, but the time at my disposal was too limited to make it possible for me to consider all the conclusions to be drawn from them, much less to enter upon the full consideration of a branch of science, which remains to be investigated. Perhaps, for this reason, the discussions which have taken place in reference to the paper have sometimes served to confuse, rather than to elucidate, the subject.

It may be well, therefore, to state briefly the elementary facts which form the bases of any study of the relation of energy to drugs.

1. We have the general physical law that all matter represents energy. That this energy can only be set free by some force capable of breaking up matter into its ultimate particles or atoms.

2. That no form of matter can become a source of energy to the body (*i.e.*, food) without it has been exposed to forces either outside or inside the body, which will set free its atoms and permit them to enter into new combinations.

3. The chemical constitution of any matter is not an index of its power to act as a source of energy. Thus, starch and sawdust have the same chemical composition. Sawdust is not a food, because the energy of the body is incapable of overcoming the cohesion of its atoms.

4. The value of any form of matter as a source of vital energy depends not upon the energy it contains, but the amount of energy required to liberate it.

5. Solution is the *first stage* through which solids must pass before they can be used as sources of vital energy; but it must be remembered that the act of solution does not imply that the matter so dissolved is in a physical state which enables it to act as a source of energy,—*i.e.*, simple solution does not render a body chemically active.

It follows from these propositions that we can gain much information in respect to the relation of energy to drugs by the study of the forces required to effect their solution.

Thus, indigo is soluble in strong sulphuric acid, because this acid contains sufficient energy to overcome the cohesion of its particles. Energy plus affinity would be more accurate.

Indigo is insoluble in spirit and water, because neither of these has sufficient energy to overcome the cohesion of its particles.

The question is purely physical, and by physical means it is possible to so alter the state of the indigo as to render it capable of solution in spirit.

I demonstrated this by triturating indigo with powdered glass, which for the purpose of these experiments may be regarded as an insoluble substance (no substance is really insoluble). I failed to obtain a solution from triturates of  $\frac{1}{1000}$ ,  $\frac{1}{10000}$  and  $\frac{1}{100000}$ . It was not until I reached the triturate of  $\frac{1}{1000000}$  that solution became possible.

This triturate contained only an infinitesimal quantity of indigo, and to make sure that I had obtained my solution, and demonstrate this to an audience, it was, of course, necessary to use a large bulk of the triturate (4 ounces); and as this required to be boiled for some time to overcome the cohesion of the indigo to the glass, I used 12 ounces of spirit, a large quantity of which was lost by evaporation during the process of boiling. This gave a brilliant emerald-green solution.

Dr. Wesselhoeft repeated the experiment by adding 20 grains of the  $\frac{1}{1000000}$  triturate to  $\frac{1}{2}$  ounce of alcohol and boiling for four minutes. He found it impossible to get the emerald-green color, "though repeating the experiment several times."

If he had calculated how much coloring-matter there was in 20 grains of a  $\frac{1}{1000000}$  trituration, the absence of visible color would not have surprised him.

It will be observed that in this experiment it required 100,000 particles of glass to each particle of indigo to render it soluble, and that these particles had entered into cohesion with the glass, so that it required heat to separate them.

The trituration was not, therefore, a mere mechanical mixture, but a definite, organic body, in which the attraction of one particle of indigo to another had been overcome by the



attraction of the particle of glass. This is a simple illustration of potential energy, and means that some part of the energy used in trituration, instead of being dissipated in the form of heat, remains as an integral factor in the trituration.

It was in order to further elucidate these facts that I performed my experiments with aniline violet. This is soluble in water, and it is obvious that if it is triturated with glass, and then put into water, the aniline will dissolve out, if it is simply a mechanical mixture, while if the particle of aniline enter into definite cohesion with the glass, and the attraction of the glass is stronger than the solvent power of water, then the aniline will remain insoluble. I should never have had the courage to attempt this series of experiments unless I felt sure that triturations were something more than mechanical mixtures. I found that triturates (with glass) of  $\frac{1}{100}$ ,  $\frac{1}{200}$ ,  $\frac{1}{500}$ ,  $\frac{1}{1000}$  yielded up some proportion of aniline to the water and colored it, but that a trituration of  $\frac{1}{10000}$  remained as a violet sediment at the bottom of the bottle and yielded up none of its color. This experiment was made six months before I read my paper, and the bottle is before me now, having undergone no change during this period.

The inference to be drawn from these experiments is very clear. It required 10,000 parts of glass to make a *complete* trituration of 1 part of aniline. The triturates of  $\frac{1}{100}$ ,  $\frac{1}{500}$ , and  $\frac{1}{1000}$  were not *complete*. They contained free particles of aniline not broken down, just as there were free particles of gold and iron filings in Dr. Wesselhoeft's trituration, even when carried to the third trituration. By no amount of extra grinding is it possible to get rid of these free particles.

If I had stopped here I might have shared the conclusions of Dr. Wesselhoeft: "Mortar-grinding (he tells us) is able to reduce only a moderate proportion of the substance to be ground to its fewest particles, having a definite limit, but that a not inconsiderable proportion is still unreduced after the third trituration or after any amount of grinding."

But I do not think I should have been satisfied with the fact without trying to find some reasonable explanation. By what physical law does it happen that one particle is completely triturated and the other not, in spite of any amount of grinding? There must be a reason for this, and it discloses itself by contin-

uing the experiment. *Complete trituration depends upon the bulk of the triturant, not upon the amount of friction.* Then we must have 10,000 parts of glass to 1 part of aniline to make a complete trituration. We must have not less than 100,000 parts of indigo to make a complete trituration of indigo. How many parts shall we want to make a complete trituration of such highly resisting bodies as gold or iron filings?

Dr. Wesselhoeft tells us that he finds particles of gold visible at the third trituration, after any amount of grinding. My experiments do not lead me to doubt his statement; they only enable me to offer an explanation. In the trituration of such substances as gold, which have a very high resistance, the third centesimal energy does not give a sufficient *bulk* of trituration. There is no difficulty in understanding this, if we remember what an enormous volume of water it would require to dissolve a single grain of gold; and yet the factors concerned in "solution" and "complete trituration" are practically identical.

Whether we are dealing with a molecule of water or a particle of glass, its power of attracting and holding a particle of matter and resistance to other attractions, is limited. In the aniline experiment, the capacity of the particle of glass to hold aniline was limited to  $\frac{1}{100000}$  part of its own weight.

When once it is grasped that a complete trituration is only possible by the use of an enormous bulk of triturant, that when the insoluble substance has been made soluble by this means, it may still require an enormous amount of dilution before it is in a physical condition to form combinations with the tissues of the body. The clinical experience of the homœopathic school with such remedies as calc. carb., silica and carb. veg. will no longer excite surprise.

When the physical laws of trituration and solution have been fully investigated, we shall realize that Hahnemann was not only a century ahead of modern physicists, but far more than that in regard to many of his own followers.

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**EMBOLISM OF THE ARTERIA CENTRALIS RETINÆ AFTER AN INJECTION OF PARAFFINE.**—Drs. Hurd and Holden report a case where, after injection of paraffine on account of a saddle-nose, an embolism of the central artery of the retina immediately followed, with total and persisting blindness of the corresponding eye.—*Hospitalstidende*, No. 31, 1903.

## CHRONIC ENDOMETRITIS.

BY THEODORE J. GRAMM, M.D., PHILADELPHIA.

(Read before the Hom. Med. Society of the State of Penna., at Scranton, Pa., Sept. 22, 1903.)

A SATISFACTORY classification of the forms of endometritis has not as yet been effected. They have been classified according to the etiology, the anatomy, the pathological lesions found, according to single symptoms and according to the bacteria present. The student is therefore confronted by an array of names which is confusing, and to obtain an orderly conception of the clinical forms of endometritis it is necessary to study the subject completely as portrayed by several authors. The loose application of the term, apparently without accurate information of the pathological lesions present, is doubtless responsible for the diverse, and at times rash, treatment suggested and applied for these diseased conditions.

Of all the forms of inflammatory changes in the endometrium, the one best understood, and, indeed, the one which is the most typical, is the septic endometritis arising from pathogenic infection during the puerperium. In this variety of endometritis the circumstances are just such as we can readily appreciate as furnishing exquisitely typical predisposing circumstances for wound infection. These comprise the attending traumatism and reduced local and general resistance of the body, the hæmorrhage, the lochial discharge carrying off the mass of dead tissue from the decidua, and the increased lymphatic activity, which also aids in disposing of the tissue no longer useful in the decidua and uterine walls, whereby uterine involution is to be brought about. If to these favorable predisposing conditions there be added an infection with pathogenic bacteria, the etiology is comprehensible. The processes which then come into play, the action of bacteria, the part taken by venous thrombosis, the formation of the protecting wall of granulation tissue, the reparative processes, have all been admirably portrayed by Bumm (*Arch. f. Gyn.*, Bd. 40), and others.

We know also somewhat of the bacterial infections, pyogenic



in character, which take place subsequent to and demanding for their occurrence some traumatism of the endometrium; and then there is that series of real endometrial inflammations whose specific bacteria do not demand an abrasion of the endometrium, but which appear to possess the power of affecting and invading the healthy mucous membrane, namely, those of gonorrhœa, tuberculosis, syphilis and diphtheria. These produce their well-known characteristic changes.

But there is another group of diseases of the endometrium whose etiology is not so apparent; and to these belong the series spoken of as chronic endometritis. The term chronic as here used has been criticised as misleading, since while some of these inflammations may be a continuance or a remains of an acute inflammation, yet others are chronic from the beginning, as Dudley has said. (*Amer. Gyn. & Obs. Jr.*, vol. x.) In accordance with the present views of the origin of inflammation, that is, as a result of bacterial infection, these cases have been subjected to extensive bacteriological investigations, and the results have not always been confirmatory of each other. Thus, Brandt (*Cent. f. Gyn.*, 1891, 528) examined twenty-five cases of endometritis, eleven of which he refers to as endometritis hæmorrhagica, and in almost all of them he found bacteria, while in some he identified streptococci and staphylococci. These results have not been confirmed by Doderlein, Pfannenstiel, Bumm and Menge, nor by the more recent examinations of Warbasse (*Cent. f. Gyn.*, 1898, 958) and Boije (*Cent. f. Gyn.*, 1898, 653). Since these experiments were made, in some instances with extirpated uteri, and all specimens carefully protected from infection and were carried out with especial care, we may conclude that the group of so-called chronic glandular endometritis is not dependent upon bacterial infection, and we must look for their cause in other agencies.

Now, in view of the very changeable character of the uterine mucous membrane during the several periods of life, especially with reference to its normal functional activity as exemplified during menstruation, pregnancy and the puerperium, it is not difficult to comprehend that many local and systemic deleterious influences, acting at just the right moment, must produce material interferences with the complex processes taking place at these times. That even remote influences may reflexly affect

the uterus through the nervous-system is suggested by its abundant nerve-supply; and how impressionable this organ really is, and how it responds to external influences, is beautifully exemplified in the formation of a decidua during the occurrence of ectopic gestation.

The pathological lesions found in chronic endometritis are such as would be produced by a persistently acting irritation, and are quite different from those found in the acute infections. They consist in hypertrophic and hyperplastic changes, although it is true that there is some small-celled infiltration. The irritations, acting persistently and not sufficient to induce more acute inflammatory reactions, are believed to be found in long-continued displacements of the uterus which impair the circulation, and, therefore, interfere with complete intermenstrual quiescence. Tumors of the uterine walls, especially such as approach the endometrium, or are located within the uterine cavity, are commonly attended by chronic changes in the endometrium which cause hæmorrhage characteristic of their presence.

Brennecke (*Arch. f. Gyn.*, xx., 455) has studied the influence of the ovaries in the etiology of endometritis, and comes to the conclusion that certain conditions of disturbed ovulation may injuriously affect the uterine mucous membrane, as, for instance, when a thickened tunica albuginea prevents or retards the rupture of the Graafian follicle. In the beginning of some of his cases in which the period intermitted, the ovarian influence tending to menstruation was thought to be sufficient to induce congestion, but which, however, did not eventuate in normal depletion. The same phase of the question has more recently been touched upon by Franz (*Arch. f. Gyn.*, lvi., 363). After reviewing the work of several investigators, whose observations show the existence of ovarian changes during chronic endometritis, he cites a case long under observation, and describes the chronic ovarian changes present. From all of this we may conclude that ovarian irritations, analogous to the influences inducing or attending menstruation when existing in modified degree, but persistent, induce endometrial changes.

In the same manner other adnexal diseases and abnormal parametrial conditions, like salpingitis, exudative parametritis and localized peritonitis, have been considered by Czempin

(*Zeitsch. f. Geb. u. Gyn.*, xiii., 339) and Dudley (*Amer. Jr. Gyn. and Obs.*, vol. x.). The latter refers also to the effects of the various diatheses. There must be further added the various disturbed conditions of the nervous-system, chronic constipation, that very common cause of ill-health in women, and improper sexual relations. There is no doubt that the widespread efforts to prevent conception are deleterious, and their effects are similar to those which have been demonstrated to cause chronic endometritis.

The uterus affected by so-called chronic inflammation is often enlarged. It may be softer than normal from impaired circulatory conditions or from changes in the myometrium. In the late stages of one of the forms, after atrophic or fibroid changes have set in, the uterus is harder and more rigid, so that the normal mobility between the corpus and the cervix is impaired or lost. The endometrium is considerably thickened, a condition readily recognizable by the unaided eye. The enlarged uterus is usually painful to touch and more sensitive to the conditions of the bladder and rectum. There is much distress, in the nature of so-called pelvic tenesmus, or even pain in the lower abdomen and back, especially when there are associated peritoneal irritations. This is particularly true when the chronic inflammation has followed an acute stage. The well-known systemic effects, as nervousness, constipation, emaciation and loss of appetite, are then also seen. When the development of the endometritis has taken place in the more gradual manner above emphasized, the symptoms may be less pronounced, but there will always be present disturbances of menstruation, menorrhagia and later metrorrhagia. The period is prolonged and recurs too often, and soon there is but a brief interval during which the patient is free from hæmorrhage. The latter is likewise readily excited by such seemingly slight causes as a walk, longer than usual, or other physical exertion, like lifting, and by any unusual excitement. The most intense anæmia may thus be produced, leading in some instances which I recall to a justifiable suspicion of malignant disease. When the hæmorrhage ceases, there may be but little other discharge, or there may exist a mucous leucorrhœa arising, in part, from the endometrium, but especially from the cervical glands.



The classification of Ruge into interstitial, glandular and mixed varieties of chronic endometritis has been almost universally adopted.

In the interstitial varieties, as suggested by the name, it is the interstitial tissue which is mostly affected, mainly by hyperplastic changes or round-cell infiltration, diffused or localized. The epithelial covering of the endometrium is usually retained, but may be partially lost if the case has once been acute. The uterine glands are compressed and more widely separated from each other. The vessels are dilated and multiplied. The round-celled infiltration may ultimately be transformed into connective tissue, and from a contraction and atrophy of this tissue the glands may be destroyed, constituting the atrophic stage seen in late cases. In another form the stroma cells are peculiarly enlarged, are rich in protoplasm, with small centrally-placed nucleus, and in some respects resemble decidual cells. This condition is not diffuse, but usually confined only to certain areas.

In the hyperplastic and hypertrophic glandular varieties, while all the tissues are increased in quantity, the glands appear mainly to be affected. In the glandular hyperplastic form the glands are increased in number by a new formation of them starting from the endometrial surface, and also by a division of those already existing, and they may even penetrate the muscular tissue. They are not much dilated, but are quite tortuous. An appearance somewhat resembling adenoma is produced, though the epithelium remains unchanged.

In the hypertrophic glandular form, while the number of glands remains unchanged, there is an alteration in their form, because of increased epithelial proliferation, and on longitudinal section the gland margins are deeply dentated, and in some specimens are invaginated. The glands may be irregularly dilated, and the spaces are filled by retained secretion. While the epithelium is proliferated, there is no increase in the number of layers of cells, as in adenoma. Evidences of hæmorrhage, from which the patient suffered, are found in the form of diffused remains of red blood-cells, and also localized collections of the same.

In the mixed varieties both the glands and the interstitial tissue partake of the changes just described. It must be ap-

parent that absolutely pure examples of these several varieties of endometritis do not commonly occur, and from the same uterus may be obtained some microscopic fields which resemble varieties other than that under which the case should be classed from the prevailing pathological changes.

Some pathological specimens lately examined furnished the opportunity for illustrating this subject. The photomicrographs portray the several changes to which reference has been made.

FIG. 1.



Chronic Endometritis. Interstitial Hyperplasia. X 100.

All the specimens came from cases in which menorrhagia, or metrorrhagia, was a pronounced symptom.

Photomicrograph No. 1 is made from a slide prepared from uterine scrapings obtained during an intrauterine examination which I made on account of persistent metrorrhagia. The examination revealed a polyp adherent just above the internal os uteri. The specimen shows interstitial hyperplasia. There are many lymphocytes present. Mitoses are to be found. The glands are not enlarged. The surface epithelium is retained,

and the surface is wavy and irregular from increased tissue formation. Just below the end of the uterine gland, starting from the surface epithelium, is a collection of free blood in the tissues. The nuclei of the numerous leucocytes contained in the clot have taken the stain well. If this specimen be not critically examined with high-power lenses, it may serve to obtain a fairly good idea of the normal endometrium. Regarding the cause of the endometrial changes, the intrauterine fibroid

FIG. 2.



Chronic Endometritis. Glandular Hyperplasia. X 100.

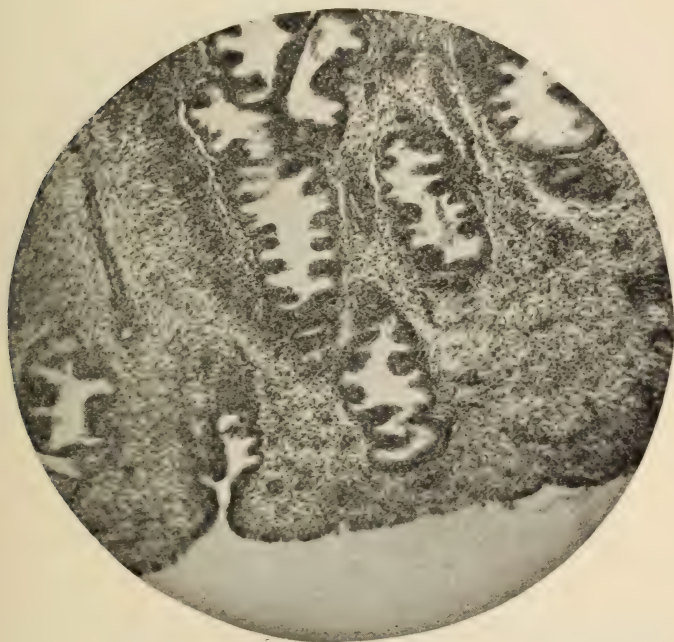
polyp is to be considered, and I might also mention that the patient had a typical hydrosalpinx on each side.

Photomicrograph No. 2 is from a specimen submitted to me for microscopic examination. Unfortunately, the uterus, before its removal by vaginal hysterectomy on account of suspected malignant disease, had been curetted, so that the slides from this case are less perfect than if the endometrial epithelium had been left intact. However, it is possible, on account of some remaining fragments of surface epithelium, to say that the mu-



cous membrane in this case is thickened, but there is not the pronounced increase of tissue shown in some of the other cases. The specimen shows glandular hyperplasia. The increase of tissue is caused mainly by multiplication of the glands. Such a condition is frequently referred to as adenoma. As yet, there is no multiplication of the layers of the intra-glandular epithelium, and I leave the question open whether this is a preliminary stage or malignant adenoma. The patient was pronouncedly anæmic from excessive loss of blood.

FIG. 3.



Hypertrophic Glandular Endometritis. X 50.

The third photomicrograph exhibits a beautiful illustration of glandular hypertrophic endometritis. Like the preceding, the specimen was submitted to me for microscopic examination. This patient had been for a long time under expert care and observation. She also had profuse metrostaxis. The uterus was enlarged and hard, and the endometrium much hypertrophied, being about seven or eight millimeters thick. The glands are so hypertrophied, enlarged and dilated that it is difficult to estimate whether they are not also multiplied. Their lining

epithelium is decidedly proliferated, so that a curious dentated appearance is presented when a gland is sected longitudinally. There is, however, no increase in the number of layers of cells, as in malignant adenoma. In the interstitial tissue there is considerable small-celled infiltration, particularly about the glands. There are many leucocytes present. The stratum proprium cells are not condensed or crowded together, but are rather separated from each other by a dissemination among

FIG. 4.



Chronic Endometritis. Glandular Hypertrophy. Invagination of the Glandular Epithelium. X 100.

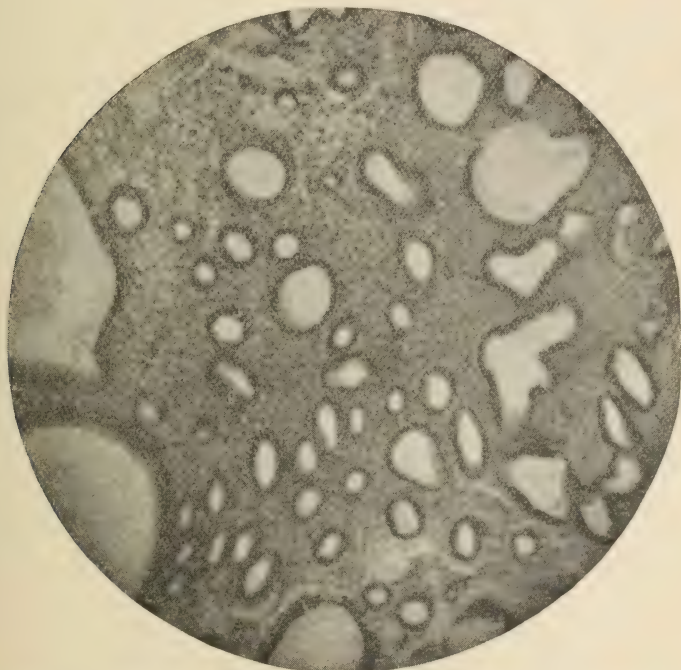
them of red blood-cells, whose remains are readily recognizable in properly stained sections.

Photomicrograph No. 4 is from another case of chronic endometritis, and is only exhibited to illustrate the curious figures presented by uterine glands when the proliferation of the glandular epithelium is so great as to cause invagination of the gland. Several authors have called attention to the necessity for exercising care not to confuse these appearances with ma-

lignant proliferations, for close inspection will reveal the fact that the layers of glandular epithelium are not multiplied.

Photomicrograph No. 5 is from a case of severe, long-lasting menorrhagia, which had reduced the patient to a state of chronic invalidism. There was considerable perineal laceration, posterior displacement and descensus of the much enlarged, hard uterus, with so much glandular inflammation of the cervix as to suggest carcinoma. The hæmorrhage had been

FIG. 5.



Chronic Endometritis. Glandular Hyperplasia and Hypertrophy. Glands Dilated. Diffuse Sanguineous Infiltration. X 50.

extreme; it was so easily excited that but a short walk in the open air was dearly paid for by a flow of blood. I made a test excision of a fragment from the cervix, and curetted the uterus. The latter was followed by pronounced improvement. The tissue from the cervix showed only glandular inflammation. In the fragments of endometrium removed by the curette there is presented a mixed form, hyperplasia and hypertrophy. The glands are often dilated and have evidently formed retention cysts. This specimen is particularly interesting in exhibiting



all forms of blood infiltration, both diffused and in masses. The patient had been ill for many years, and it is no longer possible accurately to trace the cause of the endometritis, or rather to assign a single cause; but enough reasons can be found in the lacerations, displacement and evidences of long-lasting metritis.

Photomicrograph No. 6 is from an interesting case. The patient had suffered for many months from menorrhagia and

FIG. 6.



Chronic Endometritis. General Hypertrophy of all Tissues. X. 100.

metrorrhagia, when, about a year ago, I removed an oblong polyp adherent within the uterine cavity, but protruding from the external os. At that time she was deplorably reduced in health; in fact, so much so that I feared to have her take an anæsthetic; and, consequently, the operation of removing the intrauterine polyp was completed as hastily as possible and without undertaking any other operative work required. Improvement set in rapidly, as was to be expected, both in consequence of the operation and from other treatment which was

subsequently administered. Lately, however, it became apparent that the uterus had ceased to diminish in size, and the menstrual period, while appearing every twenty-seven or twenty-eight days, was still rather profuse. An examination of the leucorrhœal discharge showed that it contained numerous blood-corpuscles. Only occasionally was there a slight intermenstrual show. The uterus was therefore carefully curetted and the cervix repaired.

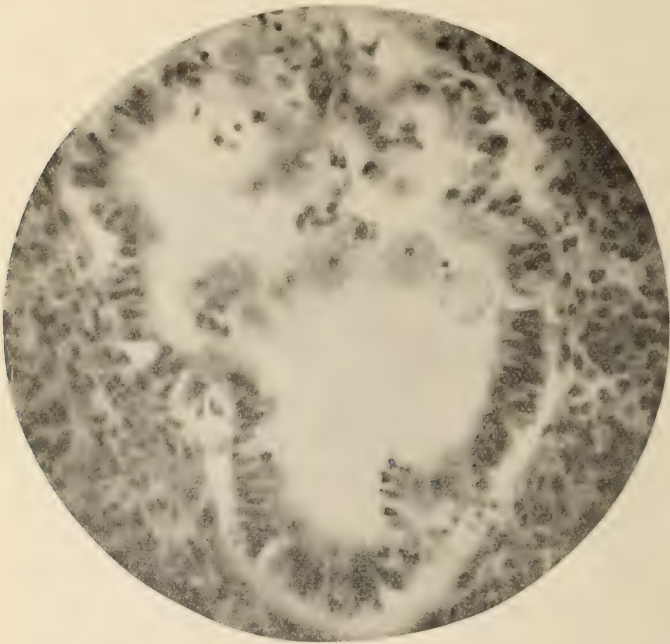
The microscopic slides from this case are beautiful and highly interesting. The endometrium is about five millimeters thick. The histological elements have been well fixed in the preserving fluids, and both on this account and because there is no cellular degeneration, they have taken the stain admirably. In examining the slides, the first appearance to attract attention is the quite general saturation of the tissues with blood. Free blood is not included in large areas, so that it seems unlikely that this condition was brought about at the time of the curettement. I am rather inclined to believe that it prevailed long before that time, and, in fact, explains the character of the blood-containing leucorrhœa, which closely resembled the lochia alba of the puerperium. The cells of the interstitial tissue are not crowded together, so that both on this account and because of its ability to receive the eosin stain, the fibrillated intercellular network is well shown. The stratum proprium cells are large, and among them are abundant evidences of cell proliferation. Lymphocytes are numerous. The glands are hypertrophied, but not much dilated.

The cause of the chronic hypertrophic endometritis in this case is, in all probability, to be found in the irritation from the cervical polyp, the increased mobility of the uterus, frequently lying in retropositions due to relaxed ligaments, and also in the fact that on the anterior wall of the uterus a subperitoneal fibroid nodule was found by the bimanual examination during anæsthesia.

Photomicrograph No. 7 is prepared from specimens submitted to me for microscopic diagnosis. The patient was a young girl suffering from persistent metrostaxis. In addition to the usual changes of chronic endometritis, the specimen is interesting because of the lesions which have taken place in the gland epithelium. The glands themselves are dilated, and

are about to be destroyed by the epithelium in nearly all of them being loosened, and in many of them the epithelial cells lie in a confused mass in the tissue spaces originally occupied by the glands. The photomicrograph shows a single gland, a

FIG. 7.



Chronic Endometritis. Beginning Destruction of the Glands. X 250.

portion of whose epithelium is only loosened, and in another part of the gland the epithelial cells lie in a confused mass.

In conclusion, I would say that repeated attempts with appropriate methods of staining have not been successful in demonstrating bacteria in the tissues from any of these cases.

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A MIXTURE FOR LOCAL ANÆSTHESIA.—Dr. Honigmann advises the following: Adrenalin hydrochloride, 0.1; sodium chloride, 0.7; chloretone, 0.5; and aq. destill. ad 100.0. It should be put up in a brown bottle.—*Centralblatt fuer Chirurgie*, No. 25, 1903.



## UTERINE FIBROMYOMATA.

BY THEODORE L. CHASE, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of Pennsylvania.)

WE are cognizant of the growing importance of early surgical measures in the treatment of many diseases. It is well known that the best results are obtained by early operation in appendicitis, intestinal obstruction and perforation due to typhoid, cholecystitis, ectopic pregnancy, hernia, and I will include fibromyomata of the uterus. In the latter, serious symptoms do not arise as promptly as in the former mentioned; but their development is as inevitable, only requiring more time to reach grave conditions.

Uterine fibroids occur in women between 30 and 40 years of age. They grow in the muscular walls of the uterus, are benign, and consist of muscular and fibrous tissue in varying proportions. When the growth involves the endometrium, hæmorrhage is a prominent symptom. Next to hæmorrhage, pain is characteristic of certain forms of fibromyomata, and the presence of an abdominal tumor is another distinctive sign.

When the tumors are numerous and embedded in the uterine walls (interstitial growths), the enlargement takes in the whole organ. In rare cases a diffuse fibrosis takes place, involving the peripheral surface and the myometrium, as well as the lining membrane of the uterus. On the other hand, if the growths extend towards the peritoneum, the uterus does not enlarge in proportion to the growth, but remains nearer its normal size. The tumor extends upward, gradually rising out of the pelvic cavity, and in many instances attaches itself to contiguous structures, thereby gaining an additional blood-supply. We know how frequently such a tumor is found having a firm attachment to the pelvic wall and bladder.

The etiology of the fibrous tumor is still obscure. At the present time we do not know why these growths are peculiar to some individuals and not to others. It has been estimated by observers of large experience that among white women 20 per cent. have fibroids, and among the colored race the statis-

tics vary from 40 to 60 per cent. It is remarkable to note the degree of enlargement that can develop in the abdomen of a woman before her attention becomes attracted to the presence of a tumor.

Menorrhagia is usually the first symptom of the existence of fibroid tumors; frequency of urination may be a coexistent feature, and finally an enlargement is noticed in the lower abdomen. When the bleedings once appear they are prone to increase steadily. As time goes on, the loss of blood becomes irregular and the patient never knows at what time the hæmorrhage may arise. Eventually, more blood is lost than can be made up by the system, and the patient develops anæmia with its consequent train of symptoms, *i.e.*, dyspnœa upon exertion, emaciation, syncope, etc. Women who are allowed to continue in this state become confirmed invalids. The occurrence of pregnancy in a fibroid uterus usually stimulates the tumor to rapid growth; it also becomes softer with the general softening of the uterine body. If the tumor is of small size and of the subperitoneal variety, located sufficiently high to rise out of the pelvic cavity with the developing uterus, the pregnancy will proceed to term, and in all probability the labor will not be unfavorably influenced by its presence. In many cases, however, a fibroid tumor is a serious complication to labor. "Susserott" cites 147 cases, of which 20 were delivered by forceps, resulting in 8 maternal deaths and a loss of 13 children. In 21 of the cases manual delivery of the placenta was necessary, following which 13 of the number died.

The elective time for conservative treatment is prior to conception. We should regard all fibroid uteri as inimical to health and life. To be sure, some of the tumors are of slow growth, and if the patient reaches the menopause without complications arising, the tumor may atrophy and disappear (according to some of the old writers); but I note that the cases cited, wherein such was the result, are few and far between. Much more evidence can be adduced to an opposite plan of reasoning.

Among the histories of such cases we find the growth remaining quiescent up to the time of the menopause and then taking on more rapid growth; eventually requiring surgical interference. In numerous other cases we find fibroids protract-

ing the menopause from five to ten years, subjecting the woman to confirmed invalidism throughout this period; the preservation of her life demanding their ultimate removal. How much better it would be to remove her fibroids when they are small, thereby reducing the operative dangers to a minimum.

In patients having uterine fibroids, the complication which is most likely to arise is inflammation of the Fallopian tubes and ovaries, which may develop into pyosalpinx and ovarian abscess. Inflammatory adhesions often form between the tumor and the neighboring organs, as is shown among the accompanying drawings. The tumor may be adherent to the bladder, Fallopian tube, intestines, omentum or pelvic wall. Suppuration may take place in the growth and lead to general septic infection. Phlebitis may occur in the course of fibroid tumors, especially following curettement for relief of hæmorrhage. Intestinal obstruction is a rare complication (see Plate I.), but when present requires immediate surgical interference, with a consequent high mortality-rate. The most favorable variety of fibroids is the hard, subperitoneal type. Tumors of this class are seldom a cause of hæmorrhage, and a few authentic cases are on record wherein they have undergone atrophy and disappeared, as far as a bimanual examination could discover their presence.

As a rule, fibroids undergoing degenerative changes continue to grow. Included in this class are the fibro-cystic, œdematous and the malignant varieties. Calcareous degeneration in a fibroid causes it to remain stationary in its growth. The diagnosis of the uterine fibroid is generally not difficult; they usually grow concentrically, hence are rounded in form, except when forced into various shapes from pressure. As a rule, they are movable and of a consistency varying from stony hardness to a softness almost fluctuating. In some instances, wherein the tumor is soft, extreme care should be exercised in making a diagnosis, in order to differentiate from the pregnant uterus.

The symptoms which a patient may complain of are only suggestive, the diagnosis depending upon the pelvic examination. There are two groups of symptoms to be considered: Hæmorrhage in the form of a free, menstrual flow, which gradually becomes prolonged; with subsequent development of a



metrostaxis as a more or less constant feature. These patients eventually become anæmic, with consequent undermining of the general health. In some cases the hæmorrhage appears abruptly as a profuse flow. The bleeding in these cases comes from the endometrium, and not from the fibroid. Pressure symptoms develop when the tumor reaches sufficient size to impinge upon surrounding structures. A fibroid incarcerated in the true pelvis causes unbearable pain and serious interference with the function of the bladder and bowel.

In the submucous variety of growths, pain of an intermittent, colicky character is complained of, being due to uterine contractions. As fibroids commonly occur at the period of sexual maturity, a correct diagnosis is most important, since other conditions, such as inflammatory lesions, uterine displacements and pregnancy, must be differentiated. With the possibility of these complications in view, we must look for the following conditions favoring the presence of a fibroid tumor: Irregular enlargement of the uterus; cervix hard, and not patulous. Consistency of the tumor variable, with slow growth; absence of tenderness upon pressure, in most cases. Uterus movable; uterine cavity lengthened, except in the pedunculated variety. Absence of the signs of pregnancy.

Concisely, then, the diagnosis rests upon the facts that an enlargement is present in the lower abdomen, imparting dullness upon percussion, and the discovery of a painless tumor, firm in consistency, and which moves with the uterus, and the fact that there is lengthening of the uterine canal (excluding subinvolution, chronic metritis and malignancy).

*Treatment.*—This consists of internal medicines, local medicated solutions applied to the uterine cavity, the electric current, especially galvanism, and surgical measures for the removal of the growth. Of internal medicines, the use of ergot has superseded that of any other remedy. It is administered for the purpose of contracting the bloodvessels which supply the fibroid; thereby controlling the hæmorrhage. It is also expected to check further growth of the tumor.

Many writers consider that the contraction of the uterine muscle-fibres will bring interstitial growths to the surface of the endometrium and enhance their expulsion. The beneficial results from the administration of ergot (if any) are only gained

by its long-continued use, and under such circumstances its baneful effects upon the circulatory and digestive systems are such that it has to be discontinued. Potassium iodide has been used to absorb fibroids; but all reliable reports upon the use of this remedy have been negative, as far as any lasting effect is concerned. Arsenic has a beneficial effect upon many patients suffering from fibroid tumors. Its favorable action is more general than local. I have found bryonia and cimicifuga useful in alleviating the pains which are present in some cases. Thuja is another remedy which is helpful, according to its indications. When hæmorrhage is produced in a submucous fibroid, there are a number of remedies which will hold the bleeding in check until a favorable time for operation arrives.

Belladonna, caulophyllin, cinchona, ipecac, ferrum, ergot, and hydrastis are all useful, within their special indications. The extract of suprarenal, given in 3-grain doses every three or four hours, is very efficacious in controlling persistent hæmorrhage. In cases where this fails, the uterine cavity should be packed with antiseptic gauze. Electricity has been used by many physicians, and, after a more or less extensive trial, has been abandoned by most of them. At the present time, a few observers are claiming cures by the use of the galvanic current; in a considerable proportion of cases so treated, untoward effects have followed, such as septic processes and numerous inflammatory adhesions. The electric current is decidedly harmful in fibro-cystic tumors, in all subperitoneal growths and in polypi; it is also dangerous in cases having associated inflammatory, adnexal disease.

It is generally recognized by competent authorities that 30 per cent. of women having fibroid tumors of the uterus will eventually die, if allowed to go without operation. At some time in their history, 90 per cent. of all cases will develop symptoms calling for operation; hence, the greatest conservatism lies in early surgical interference. If a patient has small fibroids, which can be safely removed without mutilation of the reproductive organs, namely, by myomectomy, such advice should be given. In favorable cases, the mortality of myomectomy, or even hysterectomy, should not exceed an average of from 2 to 3 per cent. In these cases, early operation will save 25 per cent. of lives. The only type of tumor

which should be permitted to remain *in situ* is the subperitoneal growth, which remains stationary, or is diminishing in size (under observation) in patients who are approaching the menopause.

The following plates will show the peculiar characteristics found among a number of interesting cases:

Mrs. D., aged 33, was referred to the West Park Hospital for Women on November 7, 1902. As the drawing illustrates (Fig. 2), the tumors were of the subperitoneal type; the symptoms produced were those of pressure, especially from the fibroid occupying the fundus of the uterus. The pain was paroxysmal in character and most severe at the menstrual period. Abdominal section was performed and the tumors removed by myomectomy, followed by uninterrupted recovery. This case illustrates the benefit of early operation, as these tumors were of rapid growth, and within a few years would have necessitated an operation accompanied by ablation and a high mortality-rate.

Mrs. C., aged 78, was sent to me two years ago, suffering from discomfort in the lower abdomen, due to the presence of a fibroid tumor in the pelvis (Fig. 1). Examination revealed a hard tumor, quite filling the cavity of the true pelvis. It was found to be attached to and movable with the uterus. At this time she was advised to abjure surgical interference; local treatment, which was also declined, having been advised by several physicians in her town. A second and third examination were made at intervals of several months, and, as no further development was noticed, the advice given on the occasion of her first examination was reiterated. About two months after the last examination I received a letter stating that the patient had an attack of bowel obstruction, followed by peritonitis, which confined her to her bed for three weeks. Following this illness, bowel movements were only secured by laxatives, sufficient to produce watery movements; and even these were accompanied by severe pains. As soon as the patient was able to travel, which was several weeks later, she presented herself for another examination, with the following result: The tumor had increased in size and was tightly wedged in the pelvis. As the finger was moved around the pelvic walls, sufficient space to admit the finger tips could be found only in the posterior





Fig. 1.

a Attachment to fundus of uterus. b Adherent to right lateral wall of pelvis. c Area where the bladder was adherent. On the posterior surface

vaginal fornix, slightly to the left of the median line, where the rectum could be felt impinged between the tumor and the posterior pelvic wall. Operation was advised and consented to.

The cœliotomy incision extended from the symphysis pubis nearly to the umbilicus. Some adhesion of omentum and bowel were found attached to the superior surface of the tumor. These were ligated and separated. A firm attachment between the fundus of the bladder and the anterior surface of the tumor was found. After this was divided, a larger attachment was seen, occupying an area one by three centimetres, between the small end of the tumor and the right pelvic wall, just below the ilio-pectineal line. The inferior surface of the tumor was attached to the uterine fundus, the fixed area being about two by three centimetres. After the tumor was separated from all of its attachments, considerable traction was required to start it from its impacted position within the pelvic cavity.

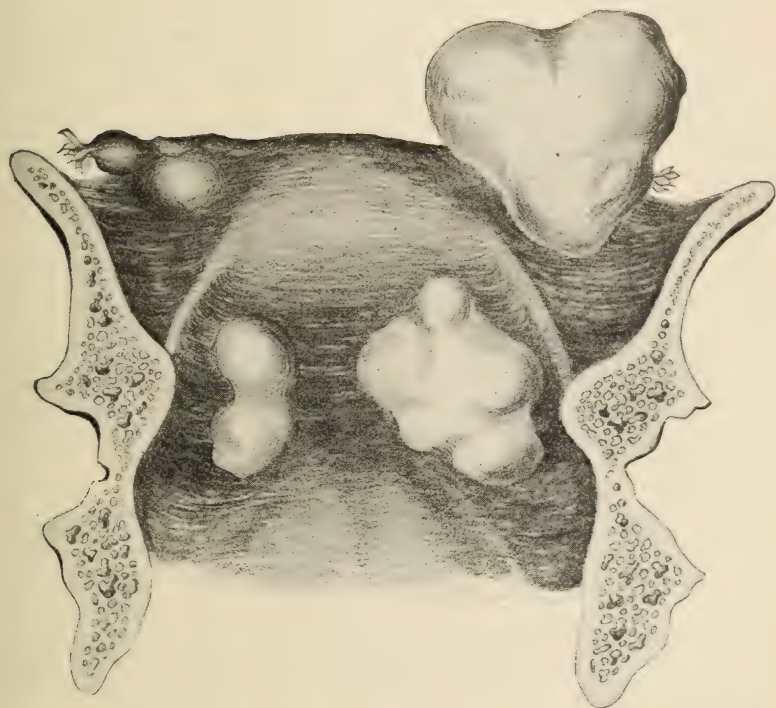
The post-operative period was one of rapid convalescence; the patient sat up on the sixteenth day, and at the end of the third week returned to her home. This case is interesting, from the fact that the patient had reached an age wherein operations for fibroid tumors are seldom undertaken. It teaches, however, that in extreme cases operative treatment is often successful.

Three years ago Mrs. H. was advised by her attending physician to have a large fibroid tumor removed, which was refused. At a recent examination, the tumor was found to consist of one large mass rising out of the pelvis and extending eight centimetres above the umbilicus. Another tumor, attached to this by a pedicle, occupied a position in the upper right quadrant of the abdomen, and was found to be adherent to both sides of the pelvis. The patient had been an invalid for the past six years; menstruation was regular and occasionally took the form of hæmorrhage. She suffered from occipital headache and frequent urination.

The operation revealed dense adhesions to the intestines and omentum; also to the lateral walls of the pelvis. The bladder was drawn high up over the anterior surface of the tumor and covered by large, dilated veins. At the time of operation the patient's condition was fair. The omentum and intestines were separated at adherent points and the veins

covering the anterior surface of the tumor were clamped off. The hæmorrhage was very severe, each vessel, as it was touched, welling up venous blood. It was considered inadvisable to continue the anæsthetic, owing to the rapid weakening of the patient. The uterine arteries were ligated and the fibroid above removed. The patient died the third day. Three years previous, when the tumor was only half its present size

FIG. 2.



Subperitoneal type of fibromyomata. Showing three tumors, not firmly adherent to the musculature of the uterus, and easily removed by myomectomy.

and adhesions less numerous, this case might have been operated successfully.

Mrs. F., aged 26, reported to the hospital, complaining of severe, paroxysmal pains in the lower right quadrant. These had been present for a year and were growing worse. Examination revealed the uterus slightly increased in size and tilted to the left; both ovaries and tubes were normal. A fibroid tumor, about four by six centimetres, was found upon the anterior, lateral, uterine wall. Pressure upon the tumor



elicited the characteristic pain which she complained of. At operation, the tumor was found occupying a position underneath the bloodvessels, at the right side of the lower uterine segment. There was considerable hæmorrhage, which was controlled by continuous tier sutures; the patient ceased to have pain from the time of operation. This case is interesting, from the fact that the location of the tumor was such as to develop into an intraligamentary position, with all its concomitant complications, during efforts at removal. Here, also, we have illustrated the importance of early operation.

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**TREATMENT OF HYPERÆMESIS GRAVIDARUM.**—At a recent meeting of the Gynæcological and Obstetrical Society of Berlin, the treatment of hyperæmesis of pregnancy was discussed. Dr. Schæffer has had good results in some cases with orthoform, 0.1–0.2 several times a day. He also recommends nutritive enemata. Hyperæmesis gravidarum—the coming on of labor and eclampsia—may be explained by the theory of autointoxication of the organism. The placenta may be assumed to be an eliminative organ, hence, soon after the beginning of pregnancy and the growth of the embryo, toxic symptoms, as vomiting, headache and vertigo, are complained of by the mother. During the further course of pregnancy the mother's organism becomes more able to render these toxic products inactive; then the vomiting of pregnancy disappears. As soon as the vitality of the placental cells becomes exhausted, labor comes on. The placenta contains more nitrogen than any other organ of the body.

Prof. Olshausen regards the physiologic vomiting of pregnancy to be wholly reflex, and hyperæmesis to be a reflex-neurosis, with increased irritability. Hence the bromide of potash, in a dose of 4.0 a day, with rest in bed, nearly always is successful. The theory of autointoxication is certainly as yet unproven. Vomiting in the second half of pregnancy should lead one to suspect eclampsia, according to Dr. P. Strassmann. He has never been obliged to interrupt pregnancy. The theory of autointoxication has been too much exploited; indeed, evidence is lacking to confirm it. Pregnancy must necessarily bring about certain changes in the body of the mother. The oncoming of labor has as yet not been explained. The mother's body-weight in hyperæmesis should be carefully watched. Dr. Behm holds to the theory of autointoxication on account of the favorable action of rectal infusion of normal salt-solution, and the fact that emptying the uterus will cause the vomiting to cease. He mentioned a case of abortion where it persisted until a few remaining pieces of afterbirth and decidual shreds were removed. He holds that all these factors are accidental, while the actual cause is a poisoning of the mother's blood by the placenta. The increased irritability of the maternal nervous-system is due to this intoxication. If, finally, treatment does not relieve, one should not wait too long with evacuation of the uterus, but as soon as the pulse is persistently above 100 and a decided loss of weight has been noticed, this measure is emphatically indicated.—*Berliner Klinische Wochenschrift*, No. 34, 1903.

## EDITORIAL.

## OLD HAHNEMANN.

HOWEVER objectionable may appear to some the fatalistic "What is, is right," there is no doubt that it contains a world of comfort of an unselfish sort. The conviction that no matter how unfortunate or distressing an event may seem, it must eventually result in good, or at least prove itself a necessary step in the evolution of the best results, is calculated to give courage and to prevent useless repining.

The resignation by Prof. P. Dudley of the office of dean of the *Hahnemann Medical College of Philadelphia*—an office which he had filled with distinguished zeal for seven years—seemed at first calculated to embarrass the future progress of the institution, but far from allowing this fear to depress them or to hamper their efforts, the Faculty have apparently only seen in it a wink of fate to redouble their endeavors not only to keep Old Hahnemann in the foremost rank of homœopathic institutions, but by infusing a new spirit into its methods to cause it to outstrip in friendly competition all its rivals.

This institution has always provided its students with unsurpassed clinical and laboratory facilities, and any improvement here can only be in developing them along the same lines which have in later years formed an essential part of its policy. We see from the address of the newly elected dean, Dr. C. M. Thomas, to the students on the opening night of the session, that the facilities for practical instruction will be largely increased by the new hospital building soon to be erected. The capacity of the hospital will be about doubled.

While the various laboratories and the work accomplished in them compare favorably with those of other schools, there is plenty of room for the activity of beneficent patrons in the way of increasing these facilities. There could be no more ac-

ceptable or praiseworthy way for alumni to show gratitude and love to their Alma Mater than by procuring endowments from their wealthy patients for the founding of new laboratories and perfecting the old.

While, therefore, the advantages offered in these respects are nothing new, from the whole tenor of the dean's address it is evident that more of personal, individual spirit is to be infused not only into them, but into all the activities of the College. The keynote is co-operation—"a co-operative relationship"—between the teaching corps and the students, which must tend to mutual profit and pleasure. It is so self-evident that but little good work can be done without such co-operation that it would seem unnecessary even to refer to it, but it is evident that the endeavor to promote it is not to be confined to mere idle words. In order that the students may feel themselves an integral part of the institution they should know that their actions are not a matter of indifference to the Faculty, but that as far as possible its members feel a personal interest in them, not merely as students attending the lectures, but as gentlemen, and as future colleagues. This implies more or less supervision, and this, if judiciously exercised, far from being irritating to a true spirit of independence, will only tend to increase the love and respect which the student will develop for his Alma Mater.

There are various ways of exercising supervision, and while methods suited to scholars in a grammar school would be out of place here, it ought not to be difficult to attain the desired end by an appeal to the reason and good sense of rational adults. If the regulations are of such a character, and enforced—*suaviter in modo, fortiter in re*—in such a way as to appear reasonable to the calm, unbiassed judgment of the students, they will willingly be governed by them. Unfortunately, there is everywhere abroad a spirit which seeks to magnify the value of brute force, and we read even of co-eds having their "rushes" and "class fights" characterized by the same violence and brutality which distinguish similar events in the curriculum of their brothers. While the superlative advantages of a healthy physical development cannot be denied, on the other hand, only those who will not fail to see how most of the sports now engaged in inevitably lead to a gradual loss of the finer sensibilities and of chivalry towards the weak which should,



and do, characterize the true man and woman. It is this spirit which renders it so difficult to carry out the regulations in a medical or, for that matter, any other college. Much that would appear at first sight wilful insubordination or persistent disregard of rules, really results from ignorance and from a failure to *feel* what is due the institution and its regulations. Fortunately, it is not difficult to discern throughout the country signs that excessive athleticism has passed its climax, and that a healthy reaction is about setting in. This will, we trust, in the next generation—we can hardly hope for it sooner—assign general physical culture to its proper place, and allow the “humanities,” in the widest sense, to influence the development of the rising generation.

It is coming to be recognized more and more by educators that the stated examinations for promotion are a “delusion and a snare;” that their results do not necessarily represent the actual standing of the student; that they lead to unprofitable cramming, and are frequently decided by temperament and memory more than by assimilated knowledge. We see that Hahnemann College proposes what seems to be a feasible method of avoiding the disadvantages of final examinations, and yet obtain a much fairer estimate of the qualifications of the student for promotion. During the term there are to take place in the several departments written tests, *given without warning*, and if the results of these, combined with the results of the term work in the laboratories, subclinics, etc., based on attendance, recitations, etc., give an average of 90 per cent., the student obtaining such average will be exempt from a final examination in that department.

The advantages of this method are many. The desire to escape a final examination is universal in the student’s heart, and this will be a constant incentive to him to attend to his duties faithfully and regularly. The possibility of the occurrence at any time of a test will tend to keep him up to the mark by steady application, so as to be always prepared to stand it. Knowing that his marks in laboratory work, etc., are to be included in his average, he will be less likely to shirk attendance upon them, and this in itself will render the labor of his instructors easier and more pleasing. On the other hand, it will enable the heads of departments, and through

them all the other instructors, to keep track of the progress of the students during the term, and by personal efforts, where necessary, to encourage the flagging, urge on the lagging and arouse the indolent. To the teachers themselves it will be of great value to find from the answers to the tests wherein their method of instruction may need improvement or modification. This seems, therefore, to be an excellent modification of previous methods, and is directly in line with the promises of more personal continuous interest in the student's progress.

Finally, in unanimously electing Dr. Charles M. Thomas, Dean, the Faculty has found a name to conjure with. The name of his father, Dr. A. R. Thomas, is inseparably connected with the birth and growth of the College. Hundreds all over the land still hold the name of A. R. in affectionate remembrance, and the reputation and popularity of his son with his colleagues and former students cannot fail to be a guarantee that all promises made in his inaugural will be carried out as far as lies in his power.

We feel confident that the alumni will give their countenance and support to the institution by word and deed, and will help the Faculty to maintain in its high position of honor and usefulness their Alma Mater—Old Hahnemann.

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THE PRESENT STATE OF THE QUESTION OF DISINFECTION OF THE HANDS.—Prof. Fuerbringer discusses this question in the first volume of Eulenburg's *Encyclopædic Year-Book*. He recapitulates his former experiments and their objections. One of the most discussed questions is whether alcohol acts as an antiseptic or merely mechanically. Both are true. The most reliable methods of disinfecting the hands are :

*Fuerbringer's Method.*—Clean the nails of visible dirt; scrub the hands for four or five minutes in hot soap and water; then wash them for three or four minutes in alcohol, which should not be less than 80 per cent., and finish by scrubbing them for three or four minutes in a 2-per-cent. solution of the bichloride or a 3-per-cent. solution of carbolic acid.

*Ahlfeld's Hot-Water and Alcohol Method.*—The hands are energetically scrubbed in hot water at 40–45° C. with a brush and soap, following with a 96-per-cent. preparation of alcohol, using a flannel cloth and rubbing each nail very clean. No disinfectant is employed.

*Krönig-Blumenberg's Sublamin Method.*—The hands are scrubbed for eight to ten minutes in luke-warm water, using soap; then are rinsed in pure water, and then for five minutes are rubbed in a 1 : 1000 solution of sublamin.—*Berliner Klinische Wochenschrift*, No. 33, 1903.

## GLEANINGS.

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**PRIMARY SARCOMA OF THE CORNEA.**—Authors tell us that primary sarcoma of the cornea is of very rare occurrence ; only six cases having been reported. To these the authors add a seventh. A male, 65 years of age, whose family history was negative, had been operated on one year before for an epithelioma of the lower lip. Fifteen years before this, a few weeks after an attack of pain and redness in the right eye, the patient noticed a small growth on the cornea of the same side. During a second painful attack four years later, this mass, which had remained unchanged in size, was cauterized and began to grow rapidly until it covered the cornea. The eye remained quiescent again for ten years' time, although the tumor-mass grew slowly and steadily.

On examination, during a third attack of pain, besides the usual signs of ocular irritation, the cornea was found to have become transformed into a pale and fleshy-like mass, which did not readily bleed. The tumor was distinctly limited to the cornea. Vision was nil, and intraocular tension was normal. The corneal condition resembled that of pannus crassus, but all causes of such a condition were absent. A diagnosis of malignant growth was made, and the eye was enucleated.

Histologic examination showed the tumor to consist of a fibroplastic plexiform sarcoma.

Two years later there was not any relapse of the ocular affection, but the epithelioma of the lip had returned with submaxillary involvement.

The interesting points of the case are: Its rarity ; its slow progress ; its co-existence with epithelioma of the lip ; and the contraindications to cauterization as a method of treatment.—Semple, Carcassone and Villard, Montpelier. —*Annals d' Oculistique*.

William Spencer, M.D.

**TREATMENT OF AN INFECTED CORNEAL WOUND WITH ACETOZONE.**—A piece of emery had been removed with a sharp piece of wood. On the third day (second day of observation) the condition was worse ; 1-per-cent. solution atropine was continued every two hours, but the bichloride instillations (1 : 5000 hourly) were stopped, and 1 or 2 drops of acetozone, 1 grain to 2 ounces of water, was ordered instilled every hour. The next day the patient returned much improved. Acetozone was continued hourly, atropine t. i. d. ; he improved rapidly and was nearly well in a week.

Acetozone (as confirmed by subsequent cases) rapidly controls bacterial infections ; it is a safe and powerful germicide.

The above strength is enough ; it causes a sharp, burning pain for a few seconds ; stronger solutions burn more, but do no harm.—J. F. Klinedinst.—*Jour. of E., E. and Th. Diseases*.

William Spencer, M.D.



**THE PROGNOSIS OF MYOPIA.**—In myopia of any degree, if the radius of curvature is less than 7.65 mm., we have a case of refractive myopia and not an elongation of the eyeball; in all reasonable possibility the myopia will not increase, and with full correction our patients may continue their studies, or use of the eyes, with every prospect of good and useful vision. Furthermore, with a reduced curve, showing a normal or longer radius, with any degree of myopia, then we have for consideration a case of axial myopia that may tend to increase, even to serious impairment of sight. These cases must have a full correction of the myopia, with an examination of the refraction and glasses every six months or a year. If in time we detect any increase in the myopia our patients must be cautioned, but a decided increase will call for atropine, if necessary, and entire cessation of the use of the eyes for close application until the refraction remains stationary for at least a year.—Francis Volk, M.D., New York.—*Ophth. Record*.

William Spencer, M.D.

**TOXIC AMBLYOPIA FROM COFFEE.**—Well-authenticated cases of toxic amblyopia from drinking coffee are quite rare; therefore the following undoubted cases will prove interesting, possibly also explaining other cases of uncertain origin.

The patient, an apparently healthy, well-nourished boy, of 8 years, was brought to the doctor's office by his mother, who stated that she had noticed failing vision the past five months, and that the boy had been sent home from school on account of his eyes. He had been fitted with glasses, but his vision had steadily become worse. Upon examination the conjunctiva was found normal, cornea, lens and vitreous clear—pupil a little larger than normal and sluggish—the optic disk was much congested, could hardly distinguish its outlines. Retinal vessels large, arteries smaller than veins, and vision barely  $\frac{20}{200}$  in each eye for distance, near vision correspondingly reduced, field contracted.

There was no history of cigarette smoking, and no cause could be discovered until his mother said he had two cups of strong, black coffee at each meal without cream or sugar, and frequently, when he visits his grandmother, cake and coffee between meals.

Six to eight cups of strong coffee daily for a boy 8 years old! stopping the coffee at once, and strychnine, grain  $\frac{1}{30}$ , t. i. d., gave normal vision in eight days, and in a month more the field returned nearly to perfect condition. No return of trouble. This case is a good illustration of the harm in giving young children what few grown persons would care to take for a steady diet.

Children are much better off without either tea or coffee, and possibly some patients may need their habits corrected in this respect if we make more diligent inquiry in obscure cases of amblyopia.—Dr. P. W. Wing, Tacoma.—*Annals of Ophthalm.*

William Spencer, M.D.

**EMBOLISM OF CENTRAL ARTERY OF RETINA FOLLOWING PARAFFINE INJECTION INTO NOSE.**—Serious complications may follow the supposedly harmless injection of paraffine for the relief of deformities, as is shown by the following case, although it is somewhat puzzling to understand how an embolus could get from a systemic vein into the central artery of the retina without being caught in the capillaries of the pulmonary circulation.

The case reported is that during the injection of a mixture of paraffine and white vaseline, for the relief of a deformed nose, the patient, an Italian adult, suddenly began to rub his right eye, and complained that he could not see at all with it. A little later ecchymoses appeared about the tip of the nose, indicating that a vein had been punctured. Examination of the eyes half hour after the injection discovered that the pupil of the right eye was large, and did not respond to light. The patient had a subjective sense of objects swimming about in the entire field of vision, but objectively he was unable to distinguish between light and dark. The media was clear, the retina was not hazy, and the retinal veins were normal. The main inferior branch of the central artery of the retina and its divisions, however, were empty and collapsed. The main superior branch contained some blood, but when gentle pressure was made upon the eyeball, the blood column here broke up and the blood flowed back into the central artery. Digitalis was given at once and also inhalations of amyl nitrite.

Then repeated and continued attempts were made by massage to force the embolus forward into one of the branches of the central artery, so as to restore vision to part of the field, but without success. There was no improvement in vision later.—L. M. Hurd and W. A. Holden.—*Medical Record*.

William Spencer, M.D.

**MUCILAGE OF SLIPPERY ELM IN LAVAGE.**—When the mucous membrane of the stomach is strongly irritated, Nature pours out mucus as a protective agent. We may, therefore, imitate her by the use of demulcents. I have found that slippery elm offers one of the most effective protective agents; at the same time it seems to retard the development of micro-organisms. A mucilage is made by adding 5 per cent. of finely divided slippery elm bark to hot water. This is allowed to stand over night, and when used can be diluted one-half. This can be used for lavage, and will not irritate the stomach like plain water. It seems to have a very soothing effect in cases of hyperchlorhydria. So says Dr. F. B. Turck in *International Med. Magazine*.

**HEAD INJURIES: THEIR DIAGNOSIS.**—(Rae.)—The frequency of such cases and their uncertainty leads us to pay close attention to articles written concerning them. The disastrous results following upon an infection are enough to make the subject of head injuries attractive to all general practitioners. Where there exists sufficient laceration to classify the injury as an "open" one, the diagnosis while not always accurate is sufficiently efficient in directing one to the proper treatment.

In open wounds the most serviceable guide is "pulsation;" noting the absence or the presence of pulsation in an uninjured portion of the dura. Normal pulsation being absent, search should be made with a bent probe.

If the injury be a "closed" one then are to be thought of, depressed bone, contusions, hæmatoma, fracture, laceration of brain substance, cerebral or meningeal hæmorrhage.

The next question naturally arises, how much the intracranial pressure is increased, and as to the external condition, "does the swelling bulge prominently?" is it circumscribed or diffused?

Whether the injury be opened or closed, the occurrence of unconsciousness indicates contusion or compression.

Vomiting may or may not be present.

The slowing of the pulse-rate is a very important symptom.

If the unconsciousness is quickly recovered from, it was due to contusion, a transient condition. If it continue, then we may have an added loss of functions, the indications are for pressure, or laceration of brain substance. The pressure may be from hæmorrhage, depressed bone, meningeal hæmorrhage.

An unconscious state disappearing, and in a few hours recurring, generally means hæmorrhage from middle meningeal.

Resulting paralysis will usually direct the diagnostician to the localized injured area, as soon as the unconscious state has cleared up. Speaking in general, the loss of function points to the seat of injury.

As to those cases of injury where no localizing symptoms are present, we may have the uninjured portions of the brain carrying on the functions of the injured part. And, again, the injury may be in a locality which is not particularly sensitized, hence much damage to brain-tissue may result, and no symptoms.

Injury to the frontal lobes, except third frontal convolution, may occur without sensory or motor phenomena.

Another symptom indicative of local lesion is "irritation," resulting in spasm or muscular twitchings, but these symptoms are, as a rule, late in presenting themselves.

Escape of cerebro-spinal fluid and brain substance from ear and nose means fracture through base.

Hæmorrhage from ear and nose suggests the probability that the fracture is great.

Disturbances of cranial nerves lend considerably to the data in determining the probable course of the fracture.

If lesion is at origin, the paralysis will be on the opposite side; if lesion be in the course of nerve, it will be on same side.

Following the paper there appears a discussion as to the term "concussion," and it seems to be a conclusion reached that "there is a marked difference in the meaning of the two terms, and to indicate this difference the two terms are used."—*Brooklyn Medical Journal*, November, 1903.

William F. Baker, A.M., M.D.

**TUBERCULOSIS OF THE TONSILS AS A PORTAL OF TUBERCULAR INFECTION.**—(Koplik.)—The tonsils have been the subject of investigation as a seat of tuberculosis, and have been found to be a potent factor in the spreading of the infection throughout the body. Tuberculosis of the tonsil may be a primary focus unattended by evidence elsewhere. The secondary forms of tuberculosis of the tonsil are very common, and it has been a well-authenticated observation that during the course of chronic pulmonary tuberculosis there develop a tonsillar infection. This form, however, is only of passing interest. Children furnish by far the greater number of cases, particularly of that form of the disease where the tonsil infects the cervical lymphatic nodes, although the external surface may show no changes beyond a slight hypertrophy. In all forms of the disease the cervical lymph nodes are found to be enlarged.

As to primary tonsillar conditions, it must be admitted that if the changes in the tonsil are old, the presumption of primary infection holds, if symptoms pertaining to the lungs are absent. One case is of importance, and reported



as following immediately on exposure. Both tonsils were involved. One tonsil showed a tubercular ulceration, which is indeed very rare.

As to the portal of infection, if such systemic disturbances as diphtheritic pyogenic infections may find entrance there, is it not fair to assume that here we have a most important inlet into the system. In childhood, with its many tonsillar inflammations and its many hypertrophic conditions, is it not a possibility that another infection may show itself? To be sure, very little is known of the tonsil as an avenue of infection. Summing up, it has been shown that the tonsil may be the seat of a primary tubercular lesion. The tubercular tissue found in the form of giant cells and tubercular nodules; cheesy degeneration at times takes place; ulcerations are very rare; as a rule, the lymph nodes leading from the tonsil are infected. Some of the tonsillar infections are preceded by a catarrhal or diphtheritic inflammation of that organ. Tonsillar tuberculosis may be the source of tuberculosis of the body. As far as the cervical lymph nodes are concerned, a tubercular condition arising in them primarily may be considered as having begun in the tonsil.—*The American Journal of the Medical Sciences*, November, 1903.

William F. Baker, A.M., M.D.

THE RELATIONS OF THE STATUS LYMPHATICUS TO SUDDEN DEATH, DEATH UNDER ANÆSTHESIA AND INFECTION.—(Bleemer.)—The writer concludes :

1. The condition known as the "status lymphaticus" is a definite pathological entity.

2. It is probably associated with, if not due to, a condition of intermittent lymphotoxæmia.

3. It may be associated with sudden deaths, probably as a result of lymphotoxæmia alone in some cases, or as the result of the action of toxic, physical or psychic injuries, which are rendered much more powerful than usual by the predisposing action of the lymphotoxæmia.

4. In some cases the sudden death is due to asphyxia from pressure of an enlarged thymus on the trachea, hence purely mechanical.

5. The subjects of the status lymphaticus can be recognized clinically in some instances.

There is probably no form of death which has received so much attention as the sudden death associated with hyperplasia of the thymus gland and lymphatic apparatus in general. This condition is known technically as "status lymphaticus."—*Johns Hopkins Hospital Bulletin*, October, 1903.

William F. Baker, A.M., M.D.

RADIUM IN MEDICINE.—(Tracy.)—This comparatively new remedy is as yet unstudied. One most striking property of the drug is its heat energy. This radio-activity is a million times greater than the unit, which is uranium. The substance also possesses marked luminosity, which is much greater in liquid air. The experimenters say that pure radium salt evolves enough heat to more than melt its own weight of ice every hour. This evolution of heat is going on constantly without apparent loss, leaving the radium as potent at the end as it was formerly, for examination after long periods of experimenting shows no molecular change either by weight or microscopically.

The source of the heat energy is as yet a mystery, but their rays will penetrate opaque bodies and decompose the silver salts on a photographic plate, and produce a picture similar to the X-ray.

Speaking of its physiological properties, dermatites and burns result from having the rays in contact with surface of body, even when the substance was carried in the vest pocket. When the substance is brought near the eye a sensation of light was produced.

Mentioning its uses in medicine the writer says, "There is no doubt that the salts of radium by their radiations have a positive effect on diseased tissues, and even at this early stage of experimentation it certainly looks as if their use were indicated in lupus, rodent ulcer, superficial cancer, skin diseases, atrophy of the optic nerve, and partial blindness from other causes."

The conclusions drawn are as follows:

1. The discovery of radium may make it necessary to change our theories of the old hypothesis about matter and the conservation of energy.
2. Radium may possibly open up the way for a cheaper lighting of our houses by phosphorescence.
3. Radium is a practical agent to differentiate gems from imitations.
4. Radium is a strong germicide.—*New York and Philadelphia Medical Journal*, October 24, 1903.

William F. Baker, A.M., M.D.

PHLEGMASIA ALBA DOLENS IN TYPHOID FEVER AND ITS RELATION TO A DIET POOR IN SODIUM CHLORIDE.—Prof. Chantemesse, of Paris, in a paper read before the Academy of Medicine, asserted that the freezing-point of a patient's blood with typhoid is lower the graver the case is, and instead of the normal 0.56, one notes it down as low as 0.42. The cause of this is not a diminution of the organic molecule of the serum, which on the contrary is increased, but is due to a lack of salts, the sodium chloride being retained in the tissues. Widal has of late demonstrated that a diet, poor in salt, is able to cause the œdema of Bright's disease to disappear. Proceeding from this view he withheld salt in six cases of phlegmasia alba dolens in typhoid fever with astonishing results. Although the thrombus persisted the disease came to a standstill. Every time salt was added to the food the swelling would reappear. Chantemesse ascribes this to a local poisoning by sodium chloride which, together with the thrombosis, plays an important part in this complication of typhoid fever.—*Muenchener Medicinische Wochenschrift*, No. 38, 1903.

Frank H. Pritchard, M.D.

A CASE OF DEATH FROM THE USE OF COCAINE AS AN ANÆSTHETIC IN THE URETHRA.—Prof. Czerny reports a case which should warn us to be very cautious in the use of cocaine in the urethra. A young man of 24 years, who was a sexual neurasthenic from chronic prostatitis, was to have the prostatic portion of his urethra cauterized, and received 7 ccms. of a 1-per-cent. solution of cocaine. After two minutes he was seized with general epileptiform spasms, his pupils dilated, and his pulse and respiration ceased. In spite of artificial respiration, massage of the heart, inhalation of oxygen, etc., he could not be restored to life. In former times when stronger solutions of cocaine were injected into the bladder and urethra, quite a number of fatal cases of cocaine poisoning were reported. This case stands alone on account of the slight quantity of cocaine which caused death. Czerny has observed similar symptoms after injection of quite a quantity of a 2-per-cent. solution into the bladder and urethra in preparation for a lithotripsy. The patient did not die, however.—*Beiträge zur Klinischen Chirurgie*, Bd. 39, Supplement hefte.

(Sexual neurasthenics are very sensitive to cocaine. I once had an exciting experience with one after having injected a solution of cocaine into the gums in order to extract an upper molar. The symptoms were rather of exhilaration than depression. After working with him an hour I calmed him down. The effects of shock, fear, and cocaine so closely resemble each other that it is often difficult to see where one begins and the other leaves off. Cocaine in my experience is a treacherous drug, even in small doses.)

Frank H. Pritchard, M.D.

**TREATMENT OF DIABETES INSIPIDUS AND POLYURIA WITH STRYCHNINE.**—Dr. Feilchenfeld had under treatment a man of 60 years who suffered from diabetes insipidus, passing from the 3000–3200 gms. per diem, and who, suffering from a paresis of the bladder, had to be catheterized frequently. He received hypodermatic injections of strychnine nitrate for twelve days in succession, beginning with 0.0025 and increasing the dose to 0.01, when the treatment was discontinued. The vesical paresis was unaffected, but the urinary secretion decreased from day-to-day, so that at the end of the twelve days it had reached 1200 gms., where it remained, though the drug was not continued. The distressing thirst and dryness of the mouth disappeared. In another case a similar effect was noticed. The patient had been ill for nine months, passed from four to eight litres of urine daily, suffered from great thirst, frequent urging to urinate, a dry tongue, and on account of extreme weariness and tiredness he was unable to work. An injection of strychnine nitrate, 0.005, was administered. Even the day after the first injection the thirst, dryness of the tongue and the frequent urination disappeared; the quantity of urine decreased from day-to-day until on the eighth day it was only two and a half litres, while the specific gravity remained at 1002–1003. The patient felt considerably better, and had continued so for five weeks when last seen.—*Hospitalstidende*, No. 38, 1903.

Frank H. Pritchard, M.D.

**URTICARIA AFTER ENDONASAL USE OF SUPRARENAL EXTRACT.**—Prof. Albert Rosenberg, of Berlin, observed, after the use of suprarenal extract, a few drops of a pledget of cotton inserted in the nostril, an eruption of reddish urticarial blotches which itched and was distressing. The experiment was repeated twice, with the same results each time. Control experiments with pledgets wet with water and cocaine solutions gave negative results.—*Berliner Klinische Wochenschrift*, No. 41, 1903.

Frank H. Pritchard, M.D.

**RECENT LITERATURE ON THE TREATMENT OF CHILDBED FEVER AND ABORTIONS.**—At a meeting of the Medical Society of Copenhagen, Denmark, held a short time ago, Prof. J. Kaarsberg read a paper on miscarriage and its treatment, in which he advised removal of all septic retained products from the uterine cavity as soon as recognized; he would not tampon in simple abortion unless strictly necessary; holds curetting to be unreliable and dangerous after labor, and particularly where the uterine contents are septic. Instead of merely treating cases of puerperal sepsis expectantly where anything is retained, he would have us interfere and remove the offending products with the fingers.

In the discussion following, Prof. Meyer did not agree with the speaker, for introduction of the fingers into the uterus is far from devoid of danger, and may aggravate a febrile state at a time when the tissues are very frail. The temperature curves in such cases are liable to be deceptive, for every one



has seen patients where the temperature has suddenly fallen improved the pulse, and that without any medicines having been given or anything having been done. A decided rise of temperature in a lying-in woman is not always such a serious matter. He protests against diagnosing pyosalpinx as soon as the parametria are tender, for it may be due to slight lymphangitis, which soon disappears. The majority of cases do not require local treatment, but only quiet and warm cataplasms. The view has been promulgated that in such septic puerperal cases a piece of the placenta is retained, which must at all hazards be removed. In the majority of cases this is not true. Conclusions have been drawn from the favorable results of emptying the uterus in septic abortions which have been applied to septic puerperal cases. Nothing of the kind is permissible. Another feature : Ordinary abortions, after emptying the uterus, are generally followed by recovery, while criminal abortions have a particularly bad outlook. These criminal cases are really like the bad puerperal cases, actually septicæmic, while the average miscarriage is a sapræmic. In the one there is a systemic infection, in the other an absorption of putrid tissues which may be removed. What the skilful hand of Prof. Kaarsberg can do cannot be done by the average physician. Often the patient is so ill that local measures serve no purpose and are actually dangerous.

Dr. Tscherning, a chief surgeon of Copenhagen's hospitals, prefers an instrument to one's fingers, for one may operate without anæsthesia, do more aseptic work, for one cannot go into the uterus with one's fingers without an anæsthetic. A good-sized curette, larger than Recamier's, should be used in order not to puncture the uterus, something which he has seen some able surgeons do. Kaarsberg speaks of the danger of opening lymph-channels with the curette, and that has become a phrase to conjure with. Why should a curette do more damage than fingers? Lymph-channels are opened every day in surgical work. One should seek to secure drainage either by tamponading or a drainage-tube, wrapped in gauze. A great deal has been said about extirpating the uterus in desperately septic cases, but he has never been able to find it indicated. Rather would he incise the uterus deeply and tampon the incisions.

Dr. Muus thinks that too much stress has been laid on retained portions of the placenta. He has seen cotyledons retained and expelled without any reaction on the part of the patient. Clots containing isolated masses of villi are at times regarded as fragments of placenta, when they are only products of the normal process of involution. Budin's sign, "the patulous os," three days after labor, signifies nothing, at least not that pieces of placenta are retained, as Budin's own material demonstrates. Even careful examination of the placenta will not, with certainty, enable one to determine that all of it is expelled; a cotyledon may be retained. Besides, this operative measure is positively dangerous, as one of his own cases showed. After a seemingly normal labor a cotyledon appeared to be lacking from the middle of the placenta; on the third day there was high fever, with fœtid lochia, a gaping os and a flabby uterus. Under anæsthesia, two fingers were introduced easily into the uterus; a prominence of the size of a walnut was felt on the anterior surface of the uterus, which could not be removed by the fingers. With Martin's curette it was scraped twice lightly, when a vast hæmorrhage ensued. Controlled by intrauterine massage, the operation was finished with the finger nails, the bleeding stopped with ergot and hot irrigations. The patient was terrifically collapsed, became delirious that afternoon, and died the next

day. The post-mortem showed no retained placental fragments. In such cases the danger is from hæmorrhage. Hence he thinks that they had better be allowed to retain the clots and fragments than to risk hæmorrhage in puerperal sepsis. The best that one may do is to remove the source of the inflammation, in advanced cases, and this is all one can do where infection has reached the uterine tissue, the veins and lymph-vessels. He has examined the records for the past eight years of the lying-in department of the obstetric institutions of Copenhagen, in order to get an idea of the value of treatment of puerperal fever. Over half the patients, outside of serious instrumental labor, where labor had begun and was finished in the hospital, died. In such cases the infection was so acute and the patient's condition so desperate that active measures were not to be thought of. The majority of the longer lasting cases were metro-phlebitis; here curetting would be of no service. Hysterectomy, mentioned of late years for puerperal fever, has a very limited field. Trendelenburg's extirpation of the affected venous plexus appears rational, but is ineffectual. Fochier's fixation-abscess has been employed by him about ten times, without success. Crèdè's silver salts have been used without pronounced action.—*Hospitalstidende*, No. 33, 1903.

Prof. H. Fehling records his experience in the University Clinic of Strassburg, Germany, in the prophylaxis and treatment of puerperal fever. Puerperal pyæmia, it should be remembered, has a greater tendency to recovery than the surgical form. Marmorek's serum has been wholly useless in his hands. Crèdè's unguentum colloïdale has been found wholly inactive. Intravenous injections of argentum colloïdale, a sterile 2-per-cent. solution, 10-20 ccms., injected into a vein at the bend of the elbow by means of a fine needle, has had a certain amount of action, of which it is difficult to judge. Some patients felt better, the temperature fell and the pulse was reduced in number. On account of the very different results in different cases, as well as the tendency of such cases to improve spontaneously, one cannot decide definitely as to its curative influence. It seems to reduce the temperature and pulse, as well as to make the patient feel easier. The future progress in puerperal sepsis lies in keeping the hands strictly clean, by rubber gloves for vaginal and rectal examinations, and clean hands for operative work. Therein lies the gist of his article.—*Muenchener Medicinische Wochenschrift*, No. 32, 1903.

Frank H. Pritchard, M.D.

VOLUMINOUS SUBSCAPULAR HÆMATOMA, APPEARING DURING THE COURSE OF ACUTE LEUKÆMIA (HÆMORRHAGIC VARIETY).—Dr. Barie reported before the Medical Society of Paris the case of a man of 35 years, who for six weeks had complained of lassitude, shortness of breath, disturbances of vision, etc., and who had had several attacks of nose-bleed and diarrhœa. Examination revealed an enormous increase in volume of the spleen and liver, without any trace of enlarged lymphatics. His skin and mucous membranes were discolored, while there were some purpuric patches on his limbs and body. Examination of the blood showed a considerable diminution of the red corpuscles and a parallel augmentation of the white ones, affecting particularly the eosinophiles and the mono- or polynucleated leucocytes; hence, acute leucæmia was diagnosticated. During this time a voluminous swelling appeared at the lower angle of the right shoulder-blade. It was painless and fluctuating, increasing rapidly in volume. It was incised and about a litre and a half of pale blood, almost like serum and uncoagulated,



was evacuated. As the source of the hæmorrhage was not to be made out, the cavity was packed with iodoform gauze and the swelling compressed by layers of absorbent cotton. But the next day the pocket was again full; the serous liquid oozed through the opening, and the patient died, in coma, a day after.—*La Semaine Medicale*, No. 8, 1903.

Frank H. Pritchard, M.D.

TREATMENT OF APPENDICITIS.—Dr. Broca, of Paris, in a paper read before the Surgical Society of that city, is inclined to think that there was a growing tendency amongst surgeons not to operate at once on cases of appendicitis. Only a few invariably advise immediate operation, while the majority reserve it for certain cases. The indications vary as to whether the patient is in a hospital or at home, in private practice. Thus, out of 45 cases which he has seen amongst his *clientele* since 1897, he operated on none at once, 9 later during the attack, and 27 he permitted to recover from the attack and operated during the interval. On the contrary, amongst his hospital patients, out of 181 cases, he operated in 33 immediately, in 47 later, and only in 101 during the interval. Out of these 226 cases there were 28 deaths (12.38 per cent.); the mortality among private patients, 8.04 per cent., rose to 13.20 per cent. in the hospital. He admits that operative interference within the first twenty-four hours gives excellent results, but it is rare that we are called that early; temporization is the method of choice. Dr. Picque believes in immediate operation. In a child of 8 years, where symptoms of appendicitis had begun violently, he was called at the third day of the disease. The symptoms then had ameliorated. Thinking it best to abstain, he advised waiting. A few days later the little fellow became worse and died without being operated on. Dr. Mignon operates at once, for the benefits of operative interference are closely connected with its being done early. He also operates at once if there be a tumor in the right iliac fossa. Out of 11 cases where he temporized, 8 had complications; of 9 where he interfered immediately, all recovered. Even in cases of simple appendicitis, without peritonitis or tumor, he would intervene where appendicitis is certain, for the immediate operation is, he holds, the method indicated. Dr. Legueu was astonished that examination of the blood had not been referred to by any of the speakers, for we have in this a measure which should not be forgotten, but which should be systematically employed in cases of appendicitis. Early operation is indicated, and the results are the better the earlier it is done. Operations done during the first forty-eight hours are all usually followed by recovery. It is not just to put in the same column figures gathered from cases operated early with those operated on late. Thus, out of 23 cases of acute appendicitis operated on during the first three days, only 1 died; out of 42 cases where an abscess seemed localized and incised from the third to the seventh day, 5 died. Finally, out of 21 cases of generalized peritonitis operated on from the fifth to the thirteenth day, only 2 recovered. He believed that the inconveniences of drainage in operations during the attack has been singularly exaggerated; indeed, it is not rare that it is called for in cases operated on during the intervals.—*Ibidem*, No. 8, 1903. (Frederick Treves asserts that an operation is rarely indicated *before the fifth day*. Which one are we to believe? Some cases that I have seen which were operated on immediately were contrary enough to go on to death.)

Frank H. Pritchard, M.D.



## MONTHLY RETROSPECT

### OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

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CONDUCTED BY O. S. HAINES, M.D.,

with the collaboration in German literature of Oscar Boericke, M.D.,  
and in French literature of Charles Platt, M.D.

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ARTEMESIA IN EPILEPSY.—Dr. Alfred Pullar communicates the following case, showing the effect of artemesia absinthum in epilepsy. Having obtained good results from the remedy in *petit-mal*, he gave it to a Miss M., aged 63 years, who had been liable to fits during the previous two years. These seizures were preceded by vertigo, by a warm sensation rising from the stomach, and by slight impairment of speech. During the attack, the left side of the face was strongly convulsed, and the tongue was frequently bitten. The left arm and left leg were, at the same time, rigidly contracted. Memory was much impaired. Latterly, these seizures had occurred as often as eight times during the twenty-four hours, leaving the patient dazed and frightened. The attacks were worse at night. Prolonged unconsciousness followed the spells. Cicuta did not help. Artemesia in the third decimal dilution cured the attacks. These seizures might be attributed, says the author, to some lesion in the right cerebral cortex.—*Homœopathic World*.

NOTES ON BRYONIA.—*The American Physician*, for November, gave some clear-cut paragraphs upon this remedy, which will repay study. It's a gift to be able to write materia-medica articles that stick to the reader. In measles, for example, when the eruption comes out imperfectly, or when rash recedes or is suppressed and inflammatory symptoms follow. Sensorium depressed, child stupid, drowsy, benumbed, but senses not perverted. Does not have hallucination like belladonna. Do not hear horrible noises as in stramonium, but are drowsy and stupid. There is inflammation of the chest from suppressed rash, with dry, hard cough. Child puts hands to chest and cries with cough, showing pain is there. If with this cough there is dyspnoea, think of ipecacuanha. If the cough comes with variola, then we look to tartar emetic. Bryonia does not act as well as tartar emetic to bring out a suppressed eruption, if that eruption is smallpox.

Bryonia is deserving of place at the head of the line of typhoid remedies. When shall we prescribe it? Kraft gives us the following suggestive outlines. In the prodromic stage it has soreness all over the body, and feels very tired. Every exertion fatigues. Dreads motion. Complaints of splitting headache. Eyeballs feel sore, especially when moved. Motion also aggravates headache. Face is dark and feverish towards evening. Nose bleeds towards 3 A.M. Dreams of fire or of falling from height. Dreams of busi-

ness. Tongue is dry. The middle is dirty white. Wants water. Everything tastes bitter. Food distresses, as soon as taken. Stools are dry, hard, large in size and dark in color. Head is faint and weak, faints on sitting up. Pulse is full, round and hard. Further along, patient becomes irritable, loses strength rapidly, is hasty in manner and speech. Brain is confused; finally there is delirium, talks of business. Begs to be taken home. On closing eyes, sees persons at foot of bed, who disappear when eyes are opened. This is the picture. The meat of it.

TREATMENT OF GALLSTONE AND NEPHRITIC COLIC.—Dr. Cartier has found, like most physicians, that it is sometimes necessary to administer a hypodermic injection of morphia, if the calculus is of such a size that it passes very slowly, or if the stone be of such shape that its sharp corners lacerate the ureter. He has, however, much confidence in the power of *hydrastis canadensis* to assuage the terrible pains and to shorten the duration of an attack. Dr. Cartier gives 10 drops of the mother tincture in half a tumblerful of hot water. After watching the effects of this dose for two hours, if the pain is not relieved, the dose is repeated. In the same manner another similar dose is given, if necessary, within two hours after the second dose. If the attack is over the next day, the remedy is continued in doses of 5 drops, morning and evening. It will readily appear, from this description, that the author is speaking of cases characterized by *moderate pain*, not of the severe, agonizing type. Because we doubt the expediency of allowing the patient to suffer severely for so long a time as twenty-four hours. The author does not think so highly of *calcareo carb.* He remarks of gallstone colic, that it is usual to find, in the washed excrement, several, or even many, calculi, so that we may readily explain the recurrences of colic which usually last several days, during severe attacks. We cannot, as a rule, speak of gallstone colic as the passage of a single calculus. But all calculi do not produce pain. It depends much upon the size of the stone. In the treatment of *renal colics*, Dr. Cartier gives first place to *pareira brava*. He speaks of its efficacy in several cases of *renal sand*. There are several remedies that will relieve the pains caused by the passage of renal sand or renal gravel, but often we find it necessary to again resort to the hypodermic syringe during an attack of colic caused by the passage of a renal *calculus* of considerable size. Probably it would be as well to recognize the *degree* of suffering which demands the prompt use of morphia. Dr. Cartier gives *pareira* in the 3d cent. dilution, every ten minutes, and follows with the 6th dilution to ward off relapses. After an attack of severe colic the kidney may remain in a sensitive condition. Under such circumstances he uses *argento nitricum* with benefit. *Uva ursi* has been found of real value in assisting in the ejection of the calculus from the bladder, and in moderating the resultant cystitis, if there be such a sequela. We must not forget *belladonna* in these calculus colics when the character of the pains and concomitants seem to indicate it.—*Trans. Medical Recorder (Allg. Hom. Zeit.)*.

USEFUL BACTERIOLOGICAL WORK.—The bacteriological class of Hahnemann Medical College of Kansas City, under the leadership of Prof. E. M. Perdue, assisted by Drs. Delap, Koogler and Brooke, undertook a thorough investigation of the water-supply of Kansas City. Their investigations extended over a period of some months and must have been arduous and exacting, but the results amply justified the labor. They arrived at conclusions,

some of which must be of great value to the municipality. They found that the Missouri River was not responsible for the worst conditions of the water, but that the public health was being endangered by the pumping of sewage into the city water system. They proved conclusively that settling basins and aëration are not efficient means of arresting bacteria. The article of Prof. Perdue appears in October *Medical Arena*, and it is most interesting. The photographs and microphotographs, with which the paper is illustrated, are admirable. After all, this is the kind of bacteriological investigation that brings in greater returns for the labor performed, than the inoculation of animals with the germs of deadly diseases, for experimental purposes.

**CARBOLIC ACID IN TYPHOID FEVER.**—Dr. W. D. Bayley thinks very highly of carbolic acid in those low, adynamic, prostrated cases of typhoid, in which the toxæmia is intense and in which the nervous centres seem deeply affected. When profound cardiac depression threatens and the pulse is evidently growing weaker and the muscular tone of the heart lessens, he gives the remedy in water, and generally with excellent effect. Other observers confirm this opinion. It is worthy of recognition and trial.

**CONCERNING THE USE OF OPIATES FOR PAIN.**—There is much wisdom in the remarks of the editor of *Brooklyn Medical Journal*, who says that pain is Nature's danger signal. The masking of pain by drugs has more than once allowed an abscess to dissect through protective tissue, gain access to a vital point unheeded by the patient, and without the immediate knowledge of the physician. Pain is often so valuable a diagnostic symptom, that the too ready use of an opiate may become a source of immediate danger to the patient. There can be no doubt but that there is an increasing tendency on the part of the laity to an intolerance of pain. The present generation bears pain with less fortitude than did its ancestors. Ordinarily, however, the average patient may be brought to see that the right thing is not always the easiest of accomplishment by the doctor or by the patient. But a necessary operation is sometimes delayed or unperformed by the employment of soothing remedies, a delay which in itself may prove to be disastrous.

**OPIUM IN ACUTE GASTRO-ENTERITIS.**—Dr. George F. Little warns us that opium must never be administered in this affection, until the intestine has been well cleansed by frequent movements and by irrigation. It is contraindicated when the number of stools during the twenty-four hours is not large, and if their odor be very offensive. Holt wisely says that opium must not be given when cerebral symptoms and high temperature coexist with scanty discharges.—*Brooklyn Med. Jour.*

**NOTES ON URINARY CASTS.**—The article of Dr. Z. Taylor Emery in a recent journal contains some points upon the diagnostic significance of hyaline casts which will bear repetition. He says that *small* hyaline casts in the urine of a person over 45 years of age, without the presence of albumin, have little significance. Also small hyaline casts in young persons, with albumin, are not significant, after prolonged muscular exertion. *Large* hyaline casts in the urine of middle-aged men, of strenuous business habits, if long continued, may be the first evidences of an interstitial nephritis. If there are traces of albumin and scanty urea, the diagnosis is certain. In acute febrile affections we find hyaline casts; and, if they are small or medium-sized, and not accom-



panied by albumin, we need not consider them as important, particularly if they be few in number and the patient is over 45 years of age.—*Brooklyn Journal*.

INTERNAL ADMINISTRATION OF LACTIC ACID FOR PRURITUS.—The *Medical Era* refers to the observation of M. Du Castle, who administered lactic acid to a child for the cure of some digestive disturbances. This child was the victim of a generalized pruritus. The remedy cured the pruritus. Acting upon this suggestion, the author has administered the lactic acid to many children suffering from pruritus, and also to adults suffering from senile pruritus, with great success. For little children, he prescribes from 10 to 16 drops of a 1-per-cent. solution, in divided doses, during the twenty-four hours. For adults, a daily dose of 15 drops, well diluted.

THE BETTER PREPARATION OF SULPHUR.—Hahnemann, at first, considered the extract of sulphur, made with alcohol and called *tinctura sulphuris*, as sufficient; but, after having experimented considerably, he found that by triturating the flowers of sulphur with sugar of milk, up to the third centesimal potency, and then continuing its dynamization in alcoholic solution, he produced the most effective and perfect preparation of the drug.—W. I. Pierce, M.D.

EFFECTS OF ARSENIC.—Dr. J. Philips gave a woman 3 capsules, each containing the  $\frac{1}{32}$  of a grain of arsenic, with intervals of some hours between each dose. She was seized with most violent abdominal pains, vomiting and purging. Two hours later, she was found in a state of collapse. She complained of great thirst, a sense of constriction and burning in the throat, with great epigastric pain and tenderness. Her features were pinched and pallid. Her skin was cold and clammy, and there were tremors of the limbs. The respirations were feeble and associated with frequent hiccough. The radial pulse was quite imperceptible. The interesting point, the author thinks, was the fact that the total amount of arsenic taken was less than the tenth of a grain.—*The Lancet*.

THE DIFFERENCE BETWEEN A SYMPTOMATIC PRESCRIBER AND A DISCRIMINATING PHYSICIAN.—A man wrote to his physician: "I have, what the doctor calls, an abscess in the palm of my right hand. It is as hot as fire, the pain is awful, long streaks of redness run from the palm up my right forearm. They say I must have it cut. I do not think it necessary. Cannot you mail me something that will relieve me and obviate the necessity for operation?" Here is where the discriminating physician pauses,—while a mere symptomatologist might rush headlong to his own undoing and to his patient's sorrow. If there *is* pus that is burrowing among the delicate tendons of the palm, making the entire hand a future useless appendage, that is no place for the homœopathic remedy. It is the sphere of surgery, which will let out the pus—the offending cause—and so save the member. But if a homœopathic physician could have seen such a hand earlier, perhaps he might have prevented so evil a course. Perhaps he can also do much to help the course of such a case,—after incision. Hahnemann was wise when he wrote—"first remove the cause of disease, if possible." The surgeon who would trephine for a simple cephalalgia, and the physician who would prescribe belladonna for such a palm, each would be equally ridiculous. A discriminating mind is

what saves us. Those of our readers who doubt that any physician or surgeon could be so ridiculous as the imaginary personages mentioned, please read more medical journals and get wise.

**PETROLEUM IN NAUSEA MARINA.**—Dr. Frederick Kopp relates in *Homœopathic World* that the second decimal trituration of petroleum, in 2-grain doses, is a safe and sure preventive for the nausea and vomiting that makes so many trips abroad veritable nightmares. He recommends that it be taken when the "queer feeling" and the nausea begin to manifest themselves. Extended experience would seem to justify his claims for the remedy.

**EFFECTS OF IODIDE OF POTASSIUM, IODIC PURPURA.**—In *British Medical Journal* there was recently mentioned the case of a man aged 59 years, who, having a syphilitic gummata in the sternal region, received treatment by potassium iodide. After taking a dose of 20 grains, he was suddenly seized with severe pains in the extremities, an extensive purpuric eruption rapidly developed, he became collapsed, and in thirty hours was dead. Post-mortem revealed recent ulcers, becoming gangrenous in places, in stomach and in small intestines, particularly in the duodenum. The author considers that purpura is due to direct injury to the endothelial cells of the bloodvessels, impairing function, and that in this case it may have been due to the elaboration of a combined poison by the joint action of potassium iodide and a factor constructed directly or indirectly by tissue metabolism. He thinks that all cases of purpura can be ascribed to similar poisons in which the factor potassium iodide is replaced by toxins, some of bacterial origin, the other factor being, more or less, evident.—*Monthly Cyclopædia*.

**THE DIURETIC PROPERTIES OF BORIC ACID.**—Dr. Byrom Bramwell claims that boric acid is an admirable diuretic. In cases of *subacute* and *chronic* parenchymatous nephritis it will increase the flow of urine even when other remedies, such as distilled water, potash salts, digitalis and diuretin, have failed entirely to produce diuresis. The author has had no experience with the boric acid in the dropsies of acute Bright's disease. The doses recommended by Dr. Bramwell were of 10, 15 or 20 grains each.

**TREATMENT OF ECZEMA AFFECTING THE AUDITORY CANAL AND EXTERNAL EAR.**—Dr. C. Gurnee Fellows prescribes, after cleansing with dioxygen, an ointment of the yellow oxide of mercury. For the seborrhœic eczema, he paints the affected parts with a 5- to 10-per-cent. solution of formalin. He finds that the following remedies are useful: Kali caust. 3x, aconite 3x, argentum nitricum 3x, hepar 6x, phosphorus 3x. Dr. Francis B. Kellogg says that a 1- to 2-per-cent. ointment of hydrarg. ammon., in equal parts of lanoline and vaseline, will cure, or greatly relieve, the dry, scaly eczema of the auditory canal.—*Jour. of O., O. and L.*

**SULPHUR IN RINGWORM.**—The question of the power of sulphur to cure ringworm would seem to be sustained affirmatively by the case reported by Dr. A. W. K. Choudbury in *American Medical Monthly*. The man, aged 50 years, had suffered from ringworm for five years. The disease affected that portion of the face covered by the beard. The patient had suffered from itch twice in his lifetime and had never shaved his beard. The beard-hairs were mostly gray, brittle, breaking down under rubbing. Upon general sulphur indications, he received the 200th of that remedy. Two doses cured him perfectly within a month.



FERRUM IN RHEUMATISM OF DELTOID MUSCLE.—An article bearing the above caption, from the pen of Dr. Mossa, in the *Allgemeine Homœopathische Zeitung* (October, 1903), contains some interesting facts pertaining to the rheumatic symptoms of ferrum, as first succinctly defined by Hahnemann, and since, amply corroborated, by extensive clinical verifications.

He says, "ferrum presents a striking illustration of the specific elective affinity of medicinal substances for certain organs, tissues and cellular groups in this case, the deltoid muscle being the site of election."

"Notwithstanding the clearly defined rheumatic sphere of ferrum, a perusal of our literature reveals but scant practical application of this remedy by the early clinicians, and its favorable and extensive acceptance to-day, notably in deltoid affections, is but of comparatively recent date."

The radical improvement ensuing, under its use, in frequently obstinate protracted cases of "shoulder rheumatism," both in general practice and veterinarian work, has legitimately encouraged extensive trials of "the same, always with favorable results."

"As is well known, the old school have frequently utilized successfully the carbonate of iron, administered in large doses, in protracted neuralgias, found in chloro-anæmic persons."

"The preparations mainly used, by our clinicians, have been ferrum metallicum, phosphoricum, aceticum, carbonicum and muriaticum in potencies ranging from the 3 c. to 30 c. generally triturations." "In many cases, a pronounced transient aggravation preceded a decided, progressive and permanent amelioration and cure."

Though very effectual, at times, in curing neuralgias, prosopalgia, ischias, etc., we wish to confine our attention to the so-called, "shoulder rheumatism," the special indications for which we may comprehensively summarize as follows:

"An underlying chloro-anæmic condition has been frequently found present clinically."

"The experience of some observers points to the right shoulder, others to the left, as specially affected, whereas to us it seems as if the type of pain and its modalities would be more suggestive 'for its selection.'"

Creaking of the shoulder-joint, which upon touch feels painful, as if beaten.

Pain, more or less *persistent*, dull, *drawing-tearing* in character, at times intermingled with sudden, penetrating *stitches*. "The pain involves the fleshy part of shoulder, extending down the arm to the insertion of the deltoid, and may extend with diminished intensity even to the elbow-joint, without, however, impairing the mobility of the same, whereas the function of the arm is almost totally abolished. Consequently, the raising of arm or hand to head or touching the back is either impossible or attended with excruciating pain."

"Generally, a feeling of *paralytic calmness* or powerlessness is present from the beginning, and painful tension in shoulder-joint and crampy pain, numbness and insensibility of fingers strongly indicate it."

"No swelling, redness or inflammatory evidences are discernible; touch is intolerable, produces a battered, bruised pain of affected part."

"As a rule, the condition is markedly < on lying down at night; warmth of coverings, prolonged uncovering, general continued warmth or cold, rest."



Like rhus tox., he feels much < on beginning to move about, yet prolonged (often gentle) motion alleviates his suffering, so, also, gentle motion of the affected arm.

A series of clinical cases completes this article, urging us to a more generous employment of his remedy for rheumatic affections.—*Allgemeine Homöopathische Zeitung*, October, 1903.

Dr. Oscar E. Boericke adds the following confirmatory testimony from his own experience:

"It is with the conviction of success attained that we quote the following case from our Record Book as proof of the undeniable virtues of ferrum in deltoid rheumatism:

"CASE. Mr. K., æt. 52, widower, book agent, dark complexioned, well preserved mentally and physically. Weight, 160. Retrospective tendency. Nervous temperament. Always temperate in all habits of life. General health always exceptionally good.

"For several days (10 days) he has noticed an uncomfortable feeling about the left shoulder and arm, which he attributed to the fact of carrying a heavy valise filled with books, and ignored, until the progressive intensification of this annoying symptom necessitated him to consult me for its relief.

"He now describes the pain as constant, and of a dull, drawing, *benumbing*, or 'asleep' character, extending from the fleshy part of shoulder (left) around to upper scapula, down arm even to elbow. At times, a painful shock caused him to cry out or wince, yet the dull pain predominated and was accompanied by a sore, battered feeling and complete inability to move his arm, as combing his hair or performing his bodily toilet. He dreaded contact, touch or any jar, and continually guarded his arm by moving about very gingerly and cautiously. His nights especially were unbearable, so that he would parade the floor for hours, and guardedly move his arm with the other hand and so obtain some relief.

"The persistency of this pain profoundly affected his temper and general health, so that he became depressed, irritable, disinclined to mingle with his family; likewise, his appetite became impaired, bowels costive, and vague rheumatic pains were observed in hip, knee, etc.

"Ferrum met., 3x, was prescribed, one tablet every four hours, and explicit directions as to restriction of meat, carbohydrates, copious drinking of pure spring water, and inunctions of affected part with hot olive oil enjoined.

"The patient reported within five days, and with a smiling countenance assured me he has felt less inclination to indulge in the tempting vocabulary of profanity, as he had experienced decided mitigation of his suffering, especially being able to attire himself unassisted, though the uncomfortable coldness and numbness persisted.

"Ferrum met., 6th trit., was now given, one powder morning and night, with an intercurrent placebo every two hours, patient to continue same for ten days, unless markedly worse.

"A letter from him, five days later, informed me that he had resumed his former occupation, and was able to again carry his valise, weighing fifty pounds, and felt perfectly well and satisfied, and in conclusion dubbed me with the complimentary pseudonym of crack-a-jack."

INDICATIONS FOR PRURITUS AND PRURIGO.—Itching, worse at night in bed; scratching followed by burning: Sulphur, 6-30. Intolerable itching of

entire body, worse at night, from warmth of bed, skin dry : Alumina, 6-30. Itching, when a part of body becomes exposed to cold : Rumex, 6. Burning, itching in debilitated people : Arsenicum. Biting, itching (as from vermin); scratching followed by itching elsewhere; pruritus vaginæ; itching in old people : Rhus. Itching of urethra following gonorrhœa; also of vulva : Nitric acid. Burning or biting, itching; skin is inflamed, swollen : Kreosotum. Violent itching, with desquamation of skin : Petrol. Itching of genitals : Carb. ac. Itching of pudenda preceding menses; itching of serotum : Graph. Itching, with swelling of pudenda : Sepia. Pruritus vulvæ in pregnancy, with constipation and piles : Collinsonia. Pruritus vulvæ : Calladium, ambra. Soreness, itching, burning of internal genitals : Carb. veg.; with inflammation of labia : Apis, coccus cacti. Itching of mons veneris : Berberis. Itching of anus : Lycop. Itching, burning of anus, pricking as from needles : Alumina. Violent itching and crawling of anus and rectum : Ignatia.—*Allgemeine Homœopathische Zeitung*, September, 1903.

CARDIAC WEAKNESS.—“*Iberis amara*  $\theta$  drop doses on sugar of milk, 2-3x t. i. d., has proven very useful in cases of heart weakness following influenza, characterized by constant consciousness of the beating of the heart, making the patient very apprehensive, nervous and anxious.

“Frequent, almost continual, palpitation, or irregular, noticeable fluttering action of heart, markedly aggravated by least excitement, motion, tobacco, stimulants. Several days’ use in above doses has resulted in perceptibly moderating and regularizing the nervous overactivity of the heart.”—*Allgemeine Homœopathische Zeitung*, September, 1903.

CARBO VEG. IN COUGH.—Dr. Goullon reports a model case of the striking curative action of carbo veg. (9x dil. in water, morning and night doses) in “clearing up” the remains of a severe bronchial catarrh cough, with easy raising of a very dense, greenish-gray sputum (resembling the nasal discharge of a “ripe” cold) and possessing a moldy, salty at times, bitter taste, so repulsive to patient as to cause shuddering. Coated tongue, dyspeptic symptoms, were also present.—*Leipziger Populäre Zeitschrift für Homœopathie*, October, 1903.

HEROINISM.—Dr. Manquat presented recently to the Therapeutic Society (of Paris) a note on heroinism in an asthmatic. To combat the occasional dyspnea, subcutaneous injections of  $\frac{1}{2}$  to 1 centigramme of heroin hydrochloride had been used. The patient, finding prompt relief from his sufferings, instituted injections on his own responsibility and continued them daily for some nine months. If now the hour of injection be delayed, the respiratory difficulty is at once established and at once becomes severe; the respiration is effected only by considerable effort and by the use of all the inspiratory forces. The anguish is extreme and continues until the hypodermic has been given, finally disappearing entirely about ten minutes later.

In a previous communication to the same society, Dr. Rodet has signaled the danger of heroin in “demorphinization.” The patient in this case manifested his need for heroin by cyanosis and apnoea, the injection being followed by a relief from these symptoms and by a condition of mental torpor.—*L’Art Medical*, September, 1903.

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# THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

JANUARY, 1903.

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**A Text-Book of Clinical Medicine. Principles of Diagnosis.** By Clarence Bartlett, M.D., Professor of Clinical Medicine and Associate Professor of Medicine in the Hahnemann Medical College of Philadelphia; Senior Neurologist to the Hahnemann Hospital, etc. With 245 illustrations, including 6 colored plates. Octavo, pp. 976. Philadelphia: Boericke & Tafel, 1903. Price, cloth, \$7 net; half-morocco, \$8.00 net.

Of medical books it might be said, somewhat in paraphrase of Bacon's famous dictum, that some are meant to be glanced at and then placed at rest



on the shelf, others are to be put aside and referred to only occasionally, while some few others are to be consulted daily. The final test of the value of any book is the aid that it gives to its readers. Every decade brings forth books in numbers far beyond the capacity of the physician's shelves; but when the final test, that of helpfulness, is applied, few of them can withstand the ordeal. Of these few, the works to whose authors readers owe eternal gratitude for the aid that they have given, one characteristic is always apparent—they are the work of practical men. So it is with the magnificent book that lies before us: from its opening quotation, that "more mistakes are made by not looking than by not knowing," through to its final word on the X-ray in diagnosis, every subject is treated from the view-point of the practical man who wishes to know what ails his patient and is determined to penetrate straight to the root of the difficulty.

The method of the author, if not unique, is at least a radical departure from that of most writers upon diagnosis. It is totally unlike that of the older works, in which various signs and symptoms are grouped together under the name of a disease, so that only by investigating each of the latter in turn can the reader hope to search out the significance of any atypical condition coming under his notice. The latter is not the natural method. In his own mind the experienced clinician recognizes a given symptom or condition as possible evidence of any one of perhaps half a dozen diseases, and then, by investigating the associated phenomena, proceeds to exclude one disease after another until his decision is reached. This is the method of Bartlett's "Diagnosis." Recognizing the indubitable fact that symptoms are the external evidences of internal conditions, he takes up, in turn, every important symptom and indicates its possible causes and the distinguishing features of each of the latter. For example, take hæmoptysis. To the careless observer, blood-spitting is more or less inseparably associated with pulmonary tuberculosis; but in this work no less than eleven important possible causes therefor are listed and differentiated. In the same way percussion-dullness is shown to occur in seven diseases, and then each of these possible conditions is discussed so thoroughly that diagnostic doubt need scarcely exist.

Having thus indicated the method which distinguishes the work, it may be well to review its chapters in detail. The opening paragraphs, dealing with the examination of patients, indicate clearly the line of questioning to be pursued, the order and method of examination, and the systems which the author's extended experience leads him to consider best for recording case histories. The value of the general information thus secured, such as family history of certain diseases, the influence of occupation, habits and preceding diseases are also noticed in this connection.

The second chapter is devoted to a comprehensive study of temperature. After a consideration of clinical thermometry and its practice, the diagnostic and prognostic value of fever is discussed, and fevers are classified according to their type, and also according to their method of onset. The peculiarities by which each of the infectious fevers may be recognized are indicated in detail. The pulse, its examination, and the information to be derived therefrom, occupies another chapter; and respiration, its abnormalities, and the detection of the conditions responsible for such alterations, is the subject of another section.

A notable chapter is that dealing with the digestive tract. Beginning with the mouth and the evidences of disease there detectible, the fauces, pharynx, tonsils, and œsophagus are investigated in turn, and nearly a hundred pages are devoted to the stomach and intestines and their disorders. The author has achieved considerable distinction by his work in this field, and his explanations

of the methods of investigating such diseases, and his detailed statements as to the significance of certain symptoms (*e.g.*, gastric pain), will render possible the diagnosis of more than one obscure case.

The liver, gall-bladder and bile-ducts, the spleen, and the pancreas, with the symptoms for which each may be responsible and the detection of their causes, occupy the ensuing chapters. Following these, the nose and larynx receive attention: the methods of examination, according to modern methods, and the possible lesions thus revealed, are discussed with admirable detail.

The chapter on physical examination of the respiratory organs is well worthy of the space devoted to it. Apparently the author has endeavored—at any rate, he has succeeded—in simplifying physical diagnosis. For example, he classifies the respiratory diseases into (1) acute diseases (a) with dullness on percussion, and (b) without dullness on percussion; and he does the same with chronic pulmonary diseases. By this method he renders the detection and differentiation of such ailments almost elementary in simplicity; and in the succeeding section, devoted to the symptoms induced by diseases of trachea, bronchi and lungs, he completes his clinical pictures. Much the same method is applied to the heart and its diseases. Each symptom and physical sign referable to that organ is considered, and its significance clearly indicated.

The urine, its examination, and the diagnostic significance of each abnormality thus detected, forms the subject of a chapter which serves admirably its purpose as an introduction to that upon diseases of the kidneys. The latter, while taking cognizance of the fundamental importance of urinalysis for the detection of renal disease, devotes due space to the symptoms and also the physical signs which may in some cases prove to be of paramount importance in reaching diagnostic finality.

The chapter on the blood presents all that is best in the rapidly-developing science of hæmatology. Such advances toward greater ease and simplicity as are offered by the Dare hæmoglobinometer, Zappert's modification of the Thoma-Zeiss counting chamber and Wright's improvement on the Jenner stain find place in the directions for clinical examination of the blood. The symptomatology and clinical course of the more important blood diseases are also discussed in this section.

An interesting chapter deals with symptoms relating to the external surface, involving, for the most part, alterations in shape and size. This includes a discussion of a variety of conditions and their causes, including emaciation, obesity, dropsy, myxœdema, acromegaly, enlargement and other changes in the shape of the head, and various localized swellings classified according to their place of origin. Discolorations of the skin, such as redness, pallor, jaundice, etc., are also included in this section.

As might be anticipated, an admirable chapter is devoted to the clinical study of the nervous system. This section is above all things practical, and renders this most technical of clinical investigations as nearly as possible easy. The distinguishing feature of the entire work, the symptomatic starting-point for the investigation of the various lesions, is especially needed by those whose training has not included detailed clinical instruction in neurology; and this need is well supplied in the chapter under discussion. The concluding chapters of the work are devoted to the eye, to the ear,—in which the masterly knowledge of Dr. Charles M. Thomas has been invoked by the author,—and to an excellent consideration of the technique and clinical application of the X-ray to diagnosis from the pen of Dr. G. Maxwell Christine.

A noteworthy feature of the book is the full index which completes the volume. To a far greater extent than is, apparently, generally appreciated by



authors, a book depends for its utility upon its index. In this work the index covers no less than twenty-six closely-printed, double-column pages, and thus well illustrates the wealth of the subject-matter.

The book is a magnificent specimen of the printer's and bookbinder's arts. It is illustrated profusely, particularly in regard to the little details of manipulation and examination that generally are acquired only by long service under experienced instructors. In several instances illustrations of how not to do things are appended, and certainly serve to point a moral. The colored plates illustrative of various blood conditions are admirably done. Altogether, it is not difficult to understand the publishers' enthusiastic claim that Bartlett's "Diagnosis" is not only a great work, but *the* work on diagnosis.

**Human Anatomy.** A complete systematic treatise by various authors, including a special section on surgical and topographical anatomy. Edited by Henry Morris, M.A. and M.B. Lond., F.R.C.S., Eng. Member of the Council of the Royal College of Surgeons of England; Chairman of the Court of Examiners of the Royal College of Surgeons of England; Senior Surgeon to the Middlesex Hospital, London; Honorary Member of the Medical Society of the County of New York, etc. Illustrated by eight hundred and forty-six woodcuts, the greater part of which are original and made expressly for this work by special artists, two hundred and forty-six printed in colors. Third edition, revised and enlarged. Philadelphia: P. Blakiston's Son & Co. 1902. Price, \$6.00 net.

The original intention of this new edition was to thoroughly revise a few sections, including those subjects which progress and new methods of teaching made revision especially desirable, editing the remaining sections of the book only to make such minor corrections as were necessary to perfect the accuracy of the illustrations and text. When, however, these sections had been revised, and to a great extent rewritten, it was found necessary for the perfect unity of the work to read carefully each part in comparison with every other, and throughout the entire work to do considerably more than was anticipated. The revision of the sections on osteology and the nervous system has compelled a thorough perusal of the sections devoted to the muscles and organs of special sense, and revision of each part has made needful a careful comparison with the section upon surgical and topographical anatomy. A large number of illustrations have been changed; to many, colors have been added, and the whole number has been increased by fifty-six. Two sections only have remained unchanged, namely, those devoted to the eye and the circulatory apparatus.

The entire work of revision has been done by authors and editor with the same care which was bestowed upon the original text and the subsequent editions. The appreciation of the book by students and teachers, and its position as a standard text-book of anatomy, have encouraged the editor and publishers to make the work as nearly perfect as human efforts can make it. There is no doubt that the third edition will merit even more than previous editions the confidence of teachers and students.

**A Text-Book of Diseases of the Eye.** A Handbook of Ophthalmic Practice for Students and Practitioners. By G. E. De Schweinitz, A.M., M.D., Professor of Ophthalmology in the University of Pennsylvania, etc. Fourth edition, revised, enlarged, and entirely reset. Octavo volume of 773 pages, with 280 text-illustrations and 6 chromo-lithographic plates. Cloth, \$5.00 net; sheep or half-morocco, \$6.00 net.

That a book has attained its fourth edition is sufficient proof of its popularity. Written, the author states, in the hope that it would prove of service to both students and practitioners, it would seem to have more than fulfilled all ex-



pectations. The reasons for this success are apparent. The methods of examining the eyes, and the symptoms, diagnosis and treatment of ocular diseases receive the largest share of attention. The subject-matter is given in greater detail than is customary in books of its scope; and this, no doubt, because the author, a teacher of wide experience, recognizes more fully than others the technical knowledge requisite for the successful practice of ophthalmic science. In this new edition the text has been thoroughly revised and the entire work reset, and many new chapters have been added, such as Thomson's Lantern Test for Color-Blindness; Hysteric Alopecia of the Eyelids; Metastatic Gonorrhœal Conjunctivitis; Grill-like Keratitis (Haab); the so-called Holes in the Macula; Divergence-paralysis; Convergence-paralysis, etc. The large number of therapeutic agents recently introduced, particularly the newer silver salts, are considered in connection with the treatment of the diseases in which they are indicated. The illustrative feature of the work has been greatly enhanced in value by the addition of a number of new cuts, together with six full-page chromo-lithographic plates accurately portraying various pathologic conditions. This fourth edition will, beyond doubt, attain the same popularity as did its predecessors.

**Diet and Food Considered in Relation to Strength and Power of Endurance, Training and Athletics.** By Alexander Haig, M.A., M.D., Oxon. F.R.C.P., Physician to the Metropolitan Hospital and the Royal Hospital for Children and Women. Author of "Uric Acid as a Factor in the Causation of Disease." Fourth edition. With seven illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1902. Price, \$1.00 net.

While by a large proportion of the medical profession Haig is considered a hobby-rider, it cannot be questioned that his theories as to the part played by uric acid in the causation of disease have had a tremendous influence on modern medicine. That the present little volume should have passed through four editions in as many years is by no means surprising; for no matter what his individual belief, no clinician can afford to remain ignorant of Haig's contentions. The present work, as its title indicates, is an attempt to demonstrate the importance of the writer's dietetic methods not only in the treatment of those already poisoned with xanthins and uric acid, but in the bringing up of the younger generation and the training of athletes. It contains a great deal of practical information and is well worth reading.

**Lindsay and Blakiston's Physician's Visiting List for 1903.**

This standard visiting list is now in the fifty-second year of its publication. The dose tables will be found especially valuable for reference. Nothing else need be said in its favor, for this is enough. It can be purchased of book-dealers and druggists everywhere.

**A Reference Handbook of the Medical Sciences**, embracing the entire range of scientific and practical medicine and allied science by various writers. A new edition, completely revised and re-written. Edited by Albert H. Buck, M.D., New York City. Volume V. Illustrated by chromo-lithographs and five hundred and seventy-six half-tone and wood engravings. New York: Wm. Wood & Co. 1902.

This volume is an especially valuable one. It contains a symposium of articles by the leading alienists of the country, constituting a really very complete treatise on the subject of Insanity. The kidney diseases and liver diseases are similarly treated in groups; also the affections of the larynx, and a large proportion of the diseases affecting the lungs. The articles relating to diseases of

the eye are scattered throughout the entire series of eight volumes, and the present volume contains several important ones. A large number of the leading laryngologists of the United States and Canada have taken part in the preparation of the articles relating to the larynx. This group, taken in connection with the symposium of ear articles in Volume IV., and the similar collection of articles on nasal cavities to appear in Volume VI., makes one of the most exhaustive treatises on the affections of the ear, nose and throat that has ever been published in the English language.

As regards the isolated articles, there are not a few which alone are good enough to make the reputation of the book. Among these may be mentioned : Dr. Theodore Janeway's article on the "Leukæmias ;" Prof. Ward's article on "Mosquitoes in Relation to Human Pathology ;" Dr. Schauffler's very practical article on "Malarial Diseases ;" Prof. Osborn's article on "Parasitic and Poisonous Insects ;" Prof. Councilman's article on "Inflammation ;" Dr. Robert Lovett's article on "Chronic Diseases of Joints ;" Dr. Benjamin Tilton's article on the "Surgical Treatment of Diseases of the Liver ;" Dr. Arthur I. Cabot's article on "Litholapaxy and Lithotomy ;" Dr. Oliver Ormsby's article on "Leprosy ;" Dr. E. T. Brackett's article on "Lateral Curvature of the Spine ;" Dr. George Dobbin's article on the "Management of Normal Labor ;" Prof. Joseph W. Warren's article on the "Physiology of the Reflexes ;" Dr. Arthur Shrady's article on "Tuberculous Diseases of the Lungs ;" Dr. Dabarn's article on the "Starvation of Malignant Growths ;" Prof. Lafayette B. Mandell's article on the "Metabolic Processes ;" Dr. Robert Lewis's article on "Mastoid Operations," etc.

The above represents only a portion of the treasures which this volume contains. Very many of equal importance might be enumerated if space permitted. It is doubtful if any book published in this country or in Great Britain ever contained so much information useful to medical men of all sorts—scientific inquirers, busy family practitioners, or men who devote themselves to some special department of medical practice—as does this grand work.

#### **Lea's Series of Medical Epitomes—Schalek on Dermatology.—**

A Manual of Skin Diseases for the Use of Students and Practitioners. By Alfred Schalek, M.D., of Rush Medical College, Chicago. In one handy 12mo. volume of 225 pages, with 34 illustrations. Cloth, \$1.00 net. Lea Bros. & Co., Publishers, Philadelphia and New York. 1902.

Dr. Schalek has furnished a compact little treatise on a subject of great importance to every general practitioner and medical student. On careful reading, the wonder grows that so much trustworthy information can be contained in such a handy little volume.

The work is divided into two main parts: "General Considerations," under which heading is given the necessary preliminary data and the principles which apply throughout this specialty, and "Descriptions of Diseases of the Skin." In this latter section is a careful and trustworthy account of derivations and synonyms, and descriptions of the various diseases, with etiology, symptoms, diagnosis, prognosis and treatment.

In the absence of any generally accepted plan among writers and specialists in Dermatology, the author has adopted an alphabetical arrangement as being most convenient for direct and ready reference. Illustrations are helpfully used throughout the book.

**The Homœopathic Medical Society of the County of Philadelphia.**—A regular meeting of the Homœopathic Medical Society of the County of Philadelphia was held in the Hahnemann Medical College, Broad above



Race Street, Thursday evening, December 11, 1902. Dr. Joseph C. Guernsey presented a paper: "The Value of *Carbo Vegetabilis* in Homœopathic Therapeutics," and the discussion was opened by Dr. Augustus Korndorfer, Sr., followed by Dr. Charles Mohr and Dr. John J. Tuller.

Dr. J. Nicholas Mitchell presented a paper: "Hydrotherapy in the Diseases of Children." The discussion was opened by Dr. C. Sigmund Raue, followed by Dr. John L. Redman, Dr. William W. Van Baun, Dr. Thomas L. Bradford, and Dr. C. R. Norton.

In spite of the stormy weather the meeting was well attended, and the discussions were full of interest.

The Homœopathic Medical Society of Chester, Delaware and Montgomery Counties held its holiday meeting on Tuesday, December 9, 1902, at the Hotel Hanover, Philadelphia. President Williams and the new "Round Table" were inaugurated, and the meeting was devoted to a discussion of "Tonsillitis" by all the members present, Prof. I. G. Shallcross assisting. There was a large attendance, and the meeting was, as usual, a gratifying success.

The Philadelphia Medical and Surgical Society held its stated monthly meeting in the Professional Building, 1833 Chestnut Street, on the evening of Wednesday, Dec. 17th. Dr. L. T. Ashcraft presented clinically "Some Phases of Urethritis, Including Urethroscopy," demonstrating his measures on a large number of patients. Dr. Ashcraft was unanimously elected president for the ensuing year, Dr. J. J. Tuller declining renomination to that office. Drs. Tuller, Leopold and Martin were elected as Censors, and Dr. Hunsicker was re-elected Secretary and Treasurer.

The Germantown Homœopathic Medical Society of Philadelphia held its regular monthly meeting at Mosebach's, 1338 Columbia Avenue, on the evening of Monday, December 15th. No paper was presented, the evening being devoted to the nomination of officers, Judicial Board and Board of Entertainment for the ensuing year.

The Pennsylvania Homœopathic State Hospital for the Insane.—The commission in charge of this proposed institution met in Philadelphia on Dec. 17, 1902, to open proposals for a site. Twenty different sites were suggested. By the act of the Legislature the institution must be located in Bradford, Bucks, Carbon, Lackawanna, Lehigh, Monroe, Northampton, Pike, Sullivan, Susquehanna, Wayne, or Wyoming County.

The Goodno Homœopathic Medical Society.—The annual meeting of the Goodno Homœopathic Medical Society was held in the parlors of Rossmere Hotel, Lancaster, Pa., on October 9, 1902. Dr. Edward Gramm, of Philadelphia, read a paper on "The Prevalence of Syphilis," and an interesting discussion followed. At 3 P.M. the meeting terminated, and the members and guests enjoyed a banquet. The following officers were elected for ensuing year: *President*, Dr. G. W. Taylor; *Vice-President*, Dr. F. M. Hany; *Secretary and Treasurer*, Dr. E. T. Prizer; *Board of Censors*, Drs. J. W. Dehoff, S. S. Mann and S. W. Hartmann.

St. Luke's Hospital Wins a Suit.—The owner of some property adjacent to St. Luke's Homœopathic Hospital, on North Broad Street, recently brought suit to prevent the extension of the hospital, on the ground that a hospital in a residence section was a public nuisance. The court promptly decided to the contrary.



**Personals.**—Dr. Gustave A. Van Lennep, General Surgery and Surgery of the Nose and Throat, has removed to Room 208, Professional Building, 1833 Chestnut Street. Hours: 9 to 12 A.M., and by appointment. Telephone.

Dr. William C. Goodno will remove to the handsome residence at 1603 Walnut Street, recently purchased by him, soon after the first of the year.

Dr. William T. Miller, of the Ohio State Board of Health, has been appointed a non-resident lecturer on surgery in the homœopathic department of the University of Michigan. Dr. Miller received the degree doctor of medicine from the Homœopathic Hospital College of Cleveland, Ohio, in 1872. Subsequently he was professor of surgery in his alma mater.

Dr. James C. Stirk, formerly of Philadelphia, is now located at 1904 Baker Street, San Francisco, Cal.

Dr. Harry S. Weaver has purchased the handsome residence at 1600 Master Street, Philadelphia, and will make it his home. His own offices will remain, as heretofore, at 1521 Chestnut Street; but about the 1st of February Dr. William Weaver will transfer his offices to the new address.

Dr. Thomas Matlack has removed to 2356 East York Street, Philadelphia. Hours: 8 to 10 A.M., 6 to 8 P.M.; Sundays, 8 to 10 A.M., 1 to 2 P.M.

Dr. Julian Adair and Dr. Walter B. Rile have resigned as resident physicians of St. Luke's Hospital.

Dr. W. A. Barnes has removed from Chambersburg, Pa., to Martinsburg, W. Va.

Dr. F. C. Prince (Hahnemann, 1879) has removed to Cajon Valley, San Diego, California.

Dr. Frank Kraft, editor of *The American Physician*, invites all physicians to join his personally-conducted tour through Europe. The party sails from New York the first week in July, 1903, visiting Naples, Pompeii, Vesuvius, Rome, Pisa, Florence, Bologna, Venice, Milan, Genoa, the Lake of Como, St. Gothard tunnel (under the Alps), climbing the Rigi-Kulm, Zurich, Lucerne, Schaffhausen, the Falls of the Rhine, through the Black Forest to Strassburg, Heidelberg, Mayence, an entire day on the Rhine to Cologne, Amsterdam, Rotterdam, Antwerp, Brussels, Paris, Versailles, St. Cloud, Fontainebleau, London and environs, Shakespeare district, coaching tour to Warwick and Kenilworth, Dublin, Liverpool, New York (Quebec or Montreal). For full particulars address Dr. Frank Kraft, 57 Bell Avenue, Cleveland, O.

**Obituary.**—Dr. Bartus Trew, Professor of Gynæcology in the Maryland Homœopathic Medical College, died in Baltimore on December 12, 1902, aged 33 years. Dr. Trew was graduated from the College of Physicians and Surgeons, Baltimore, in 1890, and in the year following was graduated from Hahnemann Medical College, Philadelphia. For two years he served as resident physician in the Maryland Homœopathic Hospital, and then entered into practice in Baltimore, where he was recognized as a scientific and progressive physician and an able gynæcologist. At the time of his death he was president of the Maryland State Homœopathic Society.

**New York Letter.**—Dr. G. DeWayne Hallett, of 132 West 81st Street, has withdrawn from general practice, and will give his whole attention to his specialty—diseases of the eye and ear.

Dr. Timothy Field Allen died at his home, 3 East 48th Street, on December 5th. Dr. Allen, who accomplished a great life-work for the profession of medicine, has been ill for some time, having suffered an apoplectic attack fourteen months ago. Further notice of Dr. Allen's death will be found in the next issue of *THE HAHNEMANNIAN*.

The Academy of Pathological Science held its regular meeting on Friday evening, November 28th, at the residence of Dr. W. G. Crump, 693 Madison Avenue. The following men introduced subjects for discussion: Dr. F. C. Bunn, Dr. L. L. Danforth, Dr. F. E. Doughty, Dr. DeWayne Hallett (trachoma, follicular conjunctivitis, mixed cases, living subjects), Dr. B. H. Sleght, Dr. S. F. Wilcox. Officers elected for the coming year were: *President*, Walter Sands Mills; *Vice-President*, D. J. Roberts; *Recording Secretary*, Nathaniel H. Ives; *Secretary and Treasurer*, J. E. Ambler; *Pathologist*, Spencer Carleton; *Curator*, W. H. Dieffenbach.

A regular meeting of the New York County Society was held in the Chapter Room, Carnegie Hall, on the evening of December 11th. Dr. Emily L. Hill and Dr. Agostino Mattoli were elected to membership. Dr. Marea H. Brokhaus and Dr. Joseph A. House were elected to corresponding membership. Following the annual election of officers there were reports from seven committees. Dr. W. H. Dieffenbach read a paper entitled "An Additional Proving of Ichthyol, with Special Reference to the Female Organism." Dr. Charles McDowell presented the paper, "Child Labor a Destroyer of Health." Discussed by Drs. J. Oscoe Chase, E. D. Simpson, Anna Langworthy, Harry Zeckhausen and others. Dr. G. F. Laidlaw gave an interesting *resume* of statistics on public institutions, and offered three resolutions, which were passed by the society. Dr. H. M. Dearborn, chairman, reported for the committee on legislation. Dr. Chares VerNooy presented his report as treasurer, which was accepted. The report of the secretary, Dr. J. P. Seward, showed that the past year had been unusually eventful in respect to the activity of the society, the attendance and increased membership being greater for the year than ever before.

John Hutchinson, M.D.

**Washington Letter.**—The fourth annual meeting of the Washington Homœopathic Medical Society was held at the Arlington Hotel on the evenings of Dec. 5th and 6th. Both meetings were well attended by both the local profession and men from out of town. The following papers were read and discussed by the Society:

"The Mind as a Therapeutic Agent," by M. M. Moffitt, M.D.; "Specific Medication," by J. B. G. Custis, M.D.; "Treatment of Enteric Fever," by S. S. Stearns, M.D.; "The Essential to Good Prescribing," by Julia Gorru, M.D.; "Hay Fever and the Newer Methods of Treating," by L. Y. Baker, M.D.; "Sigmoido-Proctectomy for Cancers of the Rectum," by Geo. W. Roberts, M.D., of New York; discussion by Macpherson Crichton, M.D.; "On Roentgen Ray Therapy. A Résumé," by H. H. Hawxhurst, M.D.; discussion by F. A. Gardner, M.D., and Wm. H. King, M.D., of New York.

Dr. F. A. Swartwout has been selected as successor to Dr. Ralph Jenkins, resigned, to take charge of the orthopædic department of the National Homœopathic Hospital.

Dr. A. C. Rauterberg has been laid up with an attack of La Grippe, but is out again.

We regret to chronicle the sudden death of Mrs. J. A. Freer, wife of Dr. J. A. Freer of this city.

Dr. George W. Roberts, of New York, was here in attendance upon our annual meeting, at which he presented a paper.

Dr. William Harvey King was unable to be present at our annual meeting, as anticipated, owing to the sad demise of Dr. T. F. Allen, in New York.

**Death of Dr. Verdi.**—Dr. Tullio S. Verdi, for many years a resident and prominent practitioner of this city, died in Milan, Italy, on Nov. 26th. Dr. Verdi was for many years closely identified with homœopathy in this city, and



one of the founders of the Washington Homœopathic Society, of which he was repeatedly elected president. Dr. Verdi was prominent both professionally and socially, and enjoyed a wide acquaintance and international reputation. He was at one time president of the District board of health, and appointed by President Grant as commissioner to study the hygiene laws of Europe. The doctor was seventy-four at the time of his death, and is survived by a son and daughter.

Macpherson Crichton, M.D.

**Neighborhood Medical Club.**—The first meeting of the year of the Neighborhood Medical Club of Boston, Mass., was held at "The Nottingham," on Wednesday evening, November 12th. Twelve members were present.

After dinner, a paper upon the subject, "Are We Practicing Homœopathy?—If Not, Why Not?" was read by Dr. W. A. Paul. His answer, without hesitation, was that we were, and in a truer and more scientific sense than ever before. We have the experience of Hahnemann; we have his works—we have his results, and a hundred years besides. There are many things which homœopathy does not do which a good physician in his best judgment must do. The homœopathic law is becoming a generally used, if not an accepted and labelled scientific fact. The old school is curing its cases by the help of this fact. It has moved up to almost touching distance. The advance is towards us, not of ourselves towards it. Don't forget that a homœopath may give the tincture and be a good homœopath, while an old school man may give the first decimal and be nothing. The law relates to the selection of your remedy—experience teaches the dose, the potency and the number of medicines. The motive of a man using temporary measures must not be construed to be anti-homœopathic. Asepsis was not known to Hahnemann. Aseptic or antiseptic measures are not unhomœopathic.

Dr. A. H. Tompkins discussed the paper and the question, and his clear, dignified statements of his faith, knowledge and confidence in the drug, homœopathically applied to disease, made a deep impression. His speech was tolerant as well as logical, and in this combination lay his power. He reiterated the statement that often the use of some temporary or palliative measure must be attributed to the judgment of the physician, and not to the weakness of the homœopath; yet, in his experience, because of his education and study, he had found that the calls for such means had become few. He stated that it was true that the homœopathic physician, in curing disease as he did, not only gave the patient temporary relief, but added a portion to his store of general health, and lessened his own chance of being so soon recalled.

Every one present discussed the question and answered it affirmatively. Some confessed that their lack of confidence might be due to a deficient study. Others said that they had applied drugs in certain conditions without thought of their homœopathic indication; but for a definite, temporary purpose which might aid the cure, or which in their experience and judgment had been helpful, Dr. Tompkins added that in his experience, a call for palliative measures for the purpose of holding a patient did not seem to be successful.

At the conclusion, it was unanimously decided that it was the sense of the Neighborhood Medical Club that it respectfully request the Trustees of Boston University to add a course of lectures by Dr. Tompkins upon the homœopathic applications of drugs to the curriculum of the Medical School.

E. P. Ruggles,  
Recording Secretary.

**Ward's Island and Metropolitan Hospital Alumni Association.**—The seventh annual dinner of the Ward's Island and Metropolitan Hospital Alumni Association was held at The Arena, 41 West 31st Street, New York, on the evening of Wednesday, December 3, 1902.



The Historian reported that the year 1902 had been one of great interest in the life of the hospital. For many years, ever since its inception, in fact, it has been the largest general homœopathic hospital in the world. January 31st the Commissioner of Public Charities added a tubercular infirmary to the hospital. This is housed in buildings near to the hospital proper. At present there are 300 beds for tubercular cases. When all the buildings are equipped, there will be 500 beds. That will give the Metropolitan 1000 beds, making it one of the greatest hospitals in the country. It will be the largest in New York City, and it is under homœopathic control. The homœopathic profession at large do not appreciate what an immense place the Metropolitan is, and what a wonderful field of study it presents.

Owing to the addition of the tubercular infirmary, it was necessary to enlarge the house staff to eighteen. Hereafter six new men will be taken on every six months. The term of service is eighteen months.

A year ago there were 158 graduates of the hospital living. Since then 2 have died—Dr. J. Keasby Weatherby, of Haddonfield, New Jersey, and Dr. Albert E. Underhill, of Brooklyn, New York. Nine men have graduated from the hospital, making a total of graduates now living 165.

The following officers were elected for the ensuing year: *President*, George Taylor Stewart, of New York; *First Vice-President*, Bevier Hasbrouck Sleght, of Newark, New Jersey; *Second Vice-President*, D. P. Maddux, of Chester, Penn.; *Third Vice-President*, Bernard Clausen, of Hoboken, New Jersey; *Secretary*, Ephraim D. Klots, of New York; *Treasurer*, Thomas Harrison Carmichael, of Philadelphia; *Historian*, Walter Sands Mills, of New York.

The dinner was presided over by the President, Dr. H. M. Bunting, of Norristown, Penn. Dr. B. H'B. Sleght, of Newark, New Jersey, was toast-master. A letter was read from Dr. Egbert Guernsey, the President of the Medical Board, who was unable to be present. The following toasts were responded to: "The Medical Board," by Dr. Egbert Guernsey Rankin; "The Old Hospital," by Dr. Thomas Harrison Carmichael; "The Ladies," by Dr. George Herbert Richards; "The New Hospital," by Dr. Jasper W. Coghlan; "The House Staff," by Dr. Bernard Clausen.

Those present were: Drs. Cornwell, VanZandt, Hathaway, W. E. Foster, Honan, Boyle, Rickaby, Root, Palmer, Royle, Ely, Smith, Miner, Bren, Bagg, Carleton, Lewis, Ostrom, Demarest, Perkins, Jr.; Wallin, Thomas, Breck, Poole, Clausen, Coghlan, Richards, Sleght, Monroe, Roberts, Carmichael, Fay, McClelland, Moffat, Chapman, Fletcher, Newbold, Wallace, Coles, Pursell, Maddux, Perkins, Sr.; Gardner, Keiser, Meeker, Brewster, McKnight, Hutchinson, Clark, Aten, Ayres, Helfrich, H. E. Foster, Harrington, Bunting, Rankin, Klots, Mills, Norwood, Dieffenbach, Hallett.

**Two Chicago Colleges Combine.**—Hering Medical College and Dunham Medical College have combined their forces, assuming the title of "Hering-Dunham Medical College and Post-Graduate School of Homœopathics." Dr. J. T. Kent, late of Philadelphia, is Dean, and Dr. J. B. S. King is Registrar.

**The San Francisco Hospital.**—Largely through the effort of Dr. Jas. W. Ward, over \$85,000 has been raised for the new homœopathic hospital, which, with the reorganized Hahnemann Medical College of the Pacific, means much for the future of homœopathy in California.

**Phi Alpha Gamma Convention.**—The seventh annual convention of this fraternity, composed of students of the homœopathic colleges, was held at the Hotel Navarre, New York City, under the auspices of Alpha (New York) Chapter, on November 24-25, 1902. The programme included business ses-

sions on Monday and Tuesday mornings; attendance on special clinics held on Monday afternoon at the Flower Hospital by Drs. Doughty, Simonson and Smith; a smoker at the Hotel Navarre on Monday evening; a tea given by Mrs. H. M. Dearborn and Mrs. F. M. Dearborn on Tuesday afternoon; and a banquet at the hotel on Tuesday evening. J. G. Dillon, of Lambda Chapter (Chicago Hahnemann), was elected grand president, and Drs. H. F. Biggar and Glaus Jones, of Cleveland, J. H. McClelland, of Pittsburg, Charles Gatchell, of Chicago, Carl Vischer, of Philadelphia, and E. H. Wolcott, of Rochester, were elected to honorary membership.

**The Hughes Memorial Fund.**—Dr. J. B. McClelland, of Pittsburg, who has charge in this country of the collection of the fund for a memorial to the late Dr. Richard Hughes, has already forwarded \$870 to the treasurer of the committee in London.

**A Famine in Cadavers.**—According to the newspaper, the revelations of wholesale grave-robbing in Indiana have led to a famine in cadavers in the medical schools of Indianapolis, and the price of bodies has advanced to from \$50 to \$75 apiece. There are only twenty bodies in the four medical colleges in the city, where usually at the beginning of the winter term there are over 100. All the surrounding cities are affected by the scarcity of dissecting material, and the colleges will find it difficult to supply their students.

**The "Preventive Medicine" Prize Essays—A Correction.**—By a typographical error in our December number the prizes offered for the best essays on some feature of "Preventive Medicine" were attributed to the "Maltone" instead of the Maltine Company. Such an error is particularly regrettable, and we hasten to correct it, because the Maltine Company, by its course in offering these prizes and specifying that the essays shall contain no references to themselves or to their products, has set an admirable example to manufacturing pharmacists.

We would be glad were many others to follow this example and thus aid the medical profession in its efforts to advance the cause of science.

**A Unique Folder.**—Every physician in the United States, Canada and England, received from the Denver Chemical Manufacturing Company a unique folder, resembling in its exterior a wrapped package and revealing, on being opened, a picture of the original package of antiphlogistine, together with a few suggestions as to the remedial applicability of that standard preparation. Holiday greetings and a calendar add to the attractiveness of the little missive.

POULTNEY, Vt., December 6, 1902.

HAHNEMANNIAN MONTHLY:

Enclosed find check to pay for HAHNEMANNIAN MONTHLY for 1903. This makes 38 years I have paid for the same (all ever published, I believe). Have them all bound uniformly except the current volume. I wonder how many of your subscribers can say the same. I am now 67 years old, and have been in practice 44 years, so I suppose you will not receive many more renewals from me. But I must say that through all this long period I have had much comfort and learned much from the HAHNEMANNIAN MONTHLY, which I hope to continue as long as I live.

Very respectfully,

A. E. Horton, M.D.

# THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

FEBRUARY, 1903.

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**Diseases of the Skin.** By Henry M. Dearborn, M.D., Professor of Dermatology, New York Homœopathic Medical College and Hospital; Professor of Principles of Medicine and Clinical Professor of Dermatology, New York Medical College and Hospital for Women; Visiting Physician to the Metropolitan Hospital; Dermatologist to the Laura Franklin Free Hospital for Children; Consulting Dermatologist to the Flower Hospital, to the Hospital of the New York Medical College and Hospital for Women, and to St. Mary's Hospital (Passaic). Containing 67 illustrations, most of which are original. New York: Boericke & Runyon. 1902.

The homœopathic profession has looked for the appearance of the text-book



on Dermatology just published by Professor Dearborn with great anticipation. It fills a niche in our school which no similar work heretofore published has filled, as it combines an exhaustive description of the various maladies with thorough treatment, both external and internal. It bears the earmarks of a practitioner of wide experience in skin diseases rather than of the essayist who culls his information from the previously published works of others. The illustrations are excellent and portray the diseases shown with accuracy, and are judiciously selected. Among the therapeutic measures considered but one is lacking, *i.e.*, the action of static electricity in many of the most stubborn maladies, which appear to melt away with marvelous rapidity when it is employed in conjunction with the various classical remedies heretofore used.

E. M. G.

**Progressive Medicine.**—A Quarterly Digest of Advances, Discoveries, and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., assisted by H. R. M. Landis, M.D. Volume IV. December, 1902. Lea Brothers & Co., Philadelphia and New York. 1902.

The current volume of *Progressive Medicine* opens with an interesting *résumé* of our recent advances in knowledge concerning the diseases of the digestive tract and allied organs, the liver, pancreas and peritoneum, by Max Einhorn, M.D. Joseph C. Bloodgood, M.D., writes at length concerning anæsthetics, fractures, dislocations, amputations, surgery of the extremities, and orthopædics; and genito-urinary diseases are discussed by William T. Belfield, M.D. John Rose Bradford, M.D., contributes an interesting discussion of the diseases of the kidneys. Advances in physiology are chronicled by Albert P. Brubaker, M.D., and Charles Harrington, M.D., records the year's progress in hygiene. The volume concludes with a "Practical Therapeutic Referendum," in which E. Q. Thornton, M.D., presents not only the new remedies but our increasing knowledge of the uses of the old. Not only drugs but the various serums and other biological preparations are included, and radiotherapy is given considerable space. All in all, the present volume maintains the high standard set by its predecessors and will prove invaluable to the physician who wishes to remain in touch with the advance of medical science.

**Medical Microscopy.** Designed for Students in Laboratory Work and for Practitioners. By T. E. Oertel, M.D., Professor of Histology, Pathology, Bacteriology, and Clinical Microscopy, Medical Department, University of Georgia. With 131 illustrations, some of which are colored. Philadelphia: P. Blakiston's & Co., 1012 Walnut Street. 1902.

In this day of multiplicity of medical books, none should venture to afflict the medical public with a volume which is not called for by some legitimate voice. Believing this, the author has brought forth this work.

Microscopy is a new and a growing science. Those of the profession who were graduated more than a decade ago for the most part received scanty instruction in laboratory work, and since that time much has been added to the technique of medical microscopy. There are many who are unable to avail themselves of a post-graduate laboratory course who desire to do such microscopic investigation as will be helpful to them in their daily practice. The more complete works on microscopy offer to such a one a bewildering mass of material from which he is able to cull which will be of service to himself. It is to the beginner in microscopy, and particularly to him who must work without the advantage of the personal guidance of a teacher, that this book will prove of value. It will be noticed that usually only one method is given whereby to reach a certain result. This is the method which has proved the best for routine work, and which is at the same time the most simple and the least liable to error.

Claim of originality can be made only in the matter of presentation of the subject. The work is necessarily a compilation from authorities upon the questions of which it treats.

**A Pocket Text-Book of Anatomy.** By Wm. H. Rockwell, Jr., M.D., Assistant Demonstrator of Anatomy, College of Physicians, Columbia University, New York. In one 12mo. volume of 600 pages, with 70 illustrations. Lea's Series of Pocket Text-Books. Edited by Bern B. Gallaudet, M.D. Cloth, \$2.25, net; Limp Leather, \$2.75, net. Lea Brothers & Co., Philadelphia and New York.

Like its companion volumes in "Lea's Series of Pocket Text-Books," this work presents a compendious and trustworthy account of the most recent knowledge in its subject. While not intended to take the place of large complete volumes, such as Gray or Gerrish, it gives those facts of Anatomy which are essential to the student, physician and surgeon in concise, readily accessible form, and in clear, plain language, illuminated, where necessary, by excellent illustrations. Dr. Rockwell's long experience in teaching anatomy has acquainted him with the exact needs of students, and the difficulties they meet. This manual embodies an earnest endeavor to furnish a safe and competent guide to the student, as well as a convenient and trustworthy reference hand-book for the physician and surgeon who may wish to refresh his memory.

**Atlas and Epitome of Diseases of the Mouth, Pharynx and Nose.**

By Dr. L. Grunwald, of Munich. From the Second Revised and Enlarged German Edition. Edited, with additions, by James E. Newcomb, M.D., Instructor in Laryngology, Cornell University Medical School; Attending Laryngologist to the Roosevelt Hospital, Out-Patient Department. With 102 illustrations on 42 colored lithographic plates, 41 text-cuts, and 219 pages of text. Philadelphia and London: W. B. Saunders & Co., 1903. Cloth, \$3.00 net.

In designing this atlas the author has kept constantly in mind the needs of both student and practitioner, and as far as possible, typical cases of the various diseases have been selected. The illustrations are described in the text in exactly the same way as a practiced examiner would demonstrate the objective findings to his class, the book thus serving as a substitute for actual clinical work. The illustrations themselves are numerous and exceedingly well executed, portraying the conditions so strikingly that their study is almost equal to examination of the actual specimens. The editor has incorporated his own valuable experience, and has also included extensive notes on the use of the active principle of the suprarenal bodies in the materia medica of rhinology and laryngology. The work, besides being an excellent atlas and epitome of the diseases of the mouth, pharynx and nose, serves also as a text-book on the anatomy and physiology of these organs. Indeed, we wonder how the author has encompassed so much within such a limited space. We heartily commend the work as the best we have seen.

**Memoranda of Poisons.** By Thomas Hawkes Tanner, M.D., F.L.S.

Ninth revised edition. By Henry Leffmann, A.M., M.D., Professor of Chemistry in the Women's Medical College of Pennsylvania, Professor of Chemistry in the Wagner Free Institute of Science, Pathological Chemist, Jefferson Medical College Hospital, Vice-Pres. Soc. Public Analysts. Philadelphia: P. Blakiston's & Co., 1012 Walnut Street. 1902.

The necessity of reprinting another edition of this very popular little manual presented the opportunity for revision. Without materially increasing the size, the editor has been able to again insert some new matters of importance. The principal changes made in the former revision were the substitution of



modern chemical nomenclature and the omission of obsolete portions of the old text. These seem to have met with the most general approval.

The toxicology of poisonous food has been presented as fully as the concise character of the book allows. As the work is intended for those engaged in actual medical practice, and not for medico-legal reference, most of the English cases given in the original have been omitted.

**The Mattison Method in Morphinism.** A Modern and Humane Treatment of the Morphine Disease. By J. B. Mattison, M.D., Medical Director Brooklyn Home for Narcotic Inebriates. Published for the Author. E. B. Treat & Company, New York. 1902. Price, \$1.00.

This interesting little brochure is a review of a treatment of the morphia habit by a method devised and practised by the author, and which he calls the American method. The main feature of the treatment is the administration of large doses (100 grains) morning and evening, of bromide of sodium. Individualization of cases is advised, and provision is made by the author for the management of the many mishaps liable to occur during the stay of the morphia habitue in the sanitarium. The results reported are most excellent, and a perusal of the work will tempt those having morphia fiends to treat to give the Mattison method a fair trial.

**Spectacles and Eyeglasses.** Their Forms, Mounting, and Proper Adjustment. By R. J. Phillips, M.D., Ophthalmologist Presbyterian Orphanage, Late Adjunct Professor of Diseases of the Eye, Philadelphia Polyclinic and College for Graduates in Medicine, etc. Third edition, revised, with 52 illustrations. Philadelphia: P. Blakiston's Son & Co. 1902.

The publication of a new edition has given the opportunity of adding an account of such improvement in spectacles, the methods and implements of their prescription, as involve any newly-discovered principle or promise to be of permanent value. The portions relating to bifocal glasses and to prisms have been rewritten, some new cuts have been added, and the whole text revised. The author is indebted to his friend, Mr. A. Reed McIntire, for knowledge of recent changes in methods of spectacle manufacture. The present edition will be found, like its predecessors, a reliable handbook of spectacle fitting.

**The Principles and Practice of Bandaging.** By Gwilym G. Davis, M.D., Universities of Pennsylvania and Gottingen; Member of the Royal College of Surgeons, England; Assistant Professor of Applied Anatomy, University of Pennsylvania; Surgeon to the Episcopal, St. Joseph's and Orthopaedic Hospitals. Illustrated from original drawings by the author. Philadelphia: P. Blakiston's Son & Co. 1902. Price, \$1.50, net.

The present volume is based on a previous one by the same author, issued in 1891. The illustrations, however, have all been re-drawn and the manuscript re-written, so that it is practically a new book. In describing the roller bandage, an endeavor has been made to give their simplest and best mechanical construction. As a rule, only the essential turns have been described and illustrated; to have done more would be simply to confuse the learner. Of recent years the prevalence of gauze bandages and their substitution for those of muslin have caused a great deterioration in their application. Many surgeons seem to wind them aimlessly around a part without the faintest idea of order or sequence.

It is hardly necessary to say that there is a right way and a wrong way to apply even a gauze bandage, and the right way is the best way. No attempts have been made to describe all peculiar bandages and turns. Every surgeon will modify the bandage according to the emergencies of the case; but the bandages



and turns embodying principles have been both described and illustrated in detail. Simplicity is the main characteristic of the modern bandage. The old writers, particularly Galen, describe most intricate bandages, winding in many unusual directions. Almost every newly-invented turn can be found in the bandages of the ancients. Their bandages were too complex, while we, on the other hand, are apt to be ignorant of their proper construction and careless of their application.

Inasmuch as the book is intended for beginners and others not informed in medicine, the language used has been as simple and direct as possible, technical terms and expressions being avoided.

**Essentials in Pharmaceutics.** By L. H. Witte, Cleveland, Ohio. 1902.

This little brochure is the outcome of a request to the author on the part of the students of the Cleveland Homœopathic College to deliver a course of lectures on the preparation of medicines. Basic facts only are presented, in order to keep the work within the compass desired. Much is intentionally left to the thinking capacity of the reader, on the principle that books are useless to men who will not think.

**Obituary.**—Bushrod Washington James, M.D., died at his residence in Green Street, Philadelphia, on Tuesday, January 6th, after a long illness. Dr. James was stricken with pneumonia while at York Harbor last August, and was taken to Boston, where for six weeks he hovered between life and death. Though ultimately he recovered sufficiently to be brought to his home in this city, he did not regain his strength, and finally passed away after weeks of progressive enfeeblement.

Bushrod Washington James, A.M., M.D., LL.D., was born in Somerton, a suburb of Philadelphia, on Aug. 25, 1836. His family was of Welsh extraction, an ancestor, David James, having come to Philadelphia in the time of William Penn; from the latter he purchased a tract of land called by him Radnor, on which are now situated the famous suburban towns of Bryn Mawr and Rosemont. Dr. Bushrod W. James was a son of Dr. David James, a graduate of the University of Pennsylvania, who attained prominence as an advocate of homœopathy in the early days of that school. He was graduated from the Central High School of Philadelphia, securing the degree of Master of Arts, and received from Hahnemann Medical College the degrees of M.D. and H.M.D. He early took a prominent part in the activities of his profession, being one of the committee which aided in the organization of the International Convention of Homœopathic Physicians held in Philadelphia during the Centennial in 1876, and he attended most of the subsequent conventions, being elected Vice-President at the session held in London in 1886. He also took an active part in the deliberations of the American Institute of Homœopathy, serving as Vice-President and Provisional Secretary, and in 1883 he was elected President. He was a trustee and a member of the staff of the Children's Homœopathic Hospital, and consulting physician to the Hahnemann Hospital. In addition, he was a member of the Union League and of the Arch Street Methodist Church, and was active in Masonic circles.

In addition to his prominence in medicine, Dr. James was widely known as an author, his works including "American Health Resorts and Climates," "Alaskana," "Echoes of Battle," "Alaska, its Neglected Past, its Brilliant Future," "Alaska's Great Future," "Dawn of a New Era," "The Political Freshman," and "Rise and Progress of the Masonic Veteran Associations."

Dr. James was never married. He is survived by a sister, Mrs. Henrietta Moore, and by a brother, Dr. John E. James, and three nephews, Dr. Landreth W. Thompson, Dr. David Bushrod James and Dr. John E. James, Jr., all homœopathic physicians in Philadelphia.

**Dr. Bushrod James Finds a New Hospital.**—The will of the late Dr. James, admitted to probate on January 16, 1903, devises to the city of Philadelphia the bulk of his real estate, including the property at Eighteenth and Mt. Vernon Streets, together with \$55,000 in cash, for the maintenance upon the premises mentioned of the Bushrod Washington James Eye and Ear Institute. His exact words are :

"I give, devise, and bequeath unto the city of Philadelphia, called herein my trustee, the premises at the southeast corner of Eighteenth and Mt. Vernon Streets; also the lots at Island Beach, N. J.; also the premises 120 Walnut Street, Philadelphia; also the sum of \$55,000; also the net proceeds of the sale of the second edition of 'American Resorts and Climates,' together with such furniture and household goods as may be needed, and all my eye and ear and surgical instruments, and such medicines and medical desks, bookcases, and surgical chairs as may be required, in trust, for the following purposes :

"To invest the said sum of \$55,000 and establish a permanent or endowment fund, the principal of which is to be kept forever intact, unused, and well invested, and apply the net income to the maintenance forever upon the premises Eighteenth and Mt. Vernon Streets of an institution for the examination, treatment, and operation of eye, ear, nose, throat, cardiac and pulmonary diseases. I direct that the said institution shall be called the Bushrod Washington James Eye and Ear Institute, and that the examination and treatment of the above-mentioned diseases be carried on, and that clinics for the same be held regularly by competent specialists connected with the different departments of the said Institute. These clinics shall be free for all worthy poor persons, and glasses shall be furnished free to all such as shall be properly vouched for as to their need and worthiness; provided, the clinics and other features of the said Institute be not impaired nor hindered hereby, although I desire my trustee to encourage voluntary contributions for said Institute from all persons charitably inclined towards the same.

"I direct that courses of instruction and lectures on the aforesaid subjects be arranged as soon as can be after the establishment of the said clinics, and that physicians, students and nurses be regularly received there under the tutelage of those in said clinics or others properly selected. I charge upon my Trustee that the principles of homœopathy shall be allowed at all times to be taught in said institute and that mode of treatment shall always be allowed to all cases admitted thereto."

The decedent expresses the desire that the Institute shall become a permanent one and constantly and permanently enlarged and improved, and furnished with modern apparatus, for which purpose he directs that \$5000 of the \$55,000 devised be set apart in a separate, permanent fund. These instruments are to be in one room, properly secured. Should the lots at Island Beach, N. J., be of sufficient value to utilize for a house for convalescents, or for a cottage system, and there be sufficient funds for the purpose, he directs that the money be so expended. He authorizes only his own name to be placed on the outside of the Institute building "to inform the public of the hours at which the clinics are held."

There is also bequeathed to the Trustee the premises, Nos. 1717 and 1719 Green Street, also No. 853 Corinthian Avenue, his mining interests, also all books, pamphlets, journals and manuscripts, relics and curios, records of professional cases, jewels, emblems and society regalia, surplus of books, copyrights of books, music and poems and all patents, and \$40,000 as an endowment fund to maintain forever at Nos. 1717 and 1719 Green Street "a free public library to be called the Bushrod James Library, which shall contain especially books for children, the aged and the blind, books pertaining to music,



the arts and sciences, as well as the general literature of the day. I direct that my diplomas, certificate of honor and membership shall be kept neatly framed and hung up in a suitable room. I direct that neither the Bushrod Library nor the Bushrod Washington James Eye and Ear Institute shall at any time be merged or united with any other institution. I direct that no one who has been, or may be, at the hour of my decease, unfriendly to me in any way, shall at any time be elected or appointed to any office or position in or connected with either of the institutions."

To the city of Oakland, California, he bequeaths the lot of ground known as "Bushrod Park," provided the same is maintained in good condition by that municipality.

To the city of Coronado, Cal., is devised a lot of ground in that city, in trust, to erect thereon a school of instruction for young people, to be called the Bushrod Washington James Institute, and for the maintenance of the same he bequeaths two other lots, the city of Coronado to signify in writing in one year's time the acceptance of the gift. He refers in the will to having given the American Temperance University of Harriman, Tenn., a property for establishing a school of domestic science, and gives the said institution \$5000 for establishing an educational fund.

The writing bequeaths to David Bushrod James, a nephew, a package of deeds and papers which he directs shall never go out of the James family. After making a few minor bequests, the decedent gives the residue to the trustee in trust, the income arising therefrom to be used for the benefit of the Bushrod Library and the Bushrod Washington James Eye and Ear Institute.

**Personals.**—Dr. G. Forest Martin, formerly of 17 Kirk Street, Lowell, Mass., has removed to 19 Paige Street. His residence is at 45 Harvard Street.

Dr. John P. Sutherland, Dean of the Boston University School of Medicine, has been compelled by illness to relinquish his labors. In his absence his work is in charge of Dr. Eliza Taylor Ransom, of Dorchester, who graduated from the school in 1899, and has since acted as instructor in histology.

Dr. J. R. T. Gray, of Chester, Pa., is devoting himself to post-graduate work in pathology in the Philadelphia institutions.

Dr. H. W. Fair, formerly of Seitzland, Pa., has removed to 12 East 25th Street, Baltimore, Md.

Dr. William M. Hillegas, of 1001 Belmont Avenue, Philadelphia, who has been seriously ill, and was for a time under treatment in the Hahnemann Hospital, is rapidly recovering his health.

Dr. H. Croskey Allen, of 1210 Locust Street, Philadelphia, has been appointed District Physician by the municipal authorities.

Mr. Salem H. Wales, who died at his residence in New York City on December 5th, was particularly identified with the homœopathic institutions of that city, in that to him is owing, in great part, the establishment of the New York College and the Hahnemann Hospital. For many years he was President of the Boards of Trustees of both institutions. His daughter is the wife of the Hon. Elihu Root, the present Secretary of War.

Dr. Edwin H. Wolcott, of Rochester, N. Y., has been appointed a member of the Board of Visitation for the Gowanda State Homœopathic Hospital for the Insane, by Gov. B. B. Odell.

Dr. M. B. Blouke has been appointed Professor of Gynæcology in the Chicago Homœopathic Medical College to take the place of Dr. Sheldon Leavitt, resigned. Dr. Blouke has been a teacher in the institution for eighteen years, and is well-fitted for his new position.



Among the Faculty of the Chicago Homœopathic Medical College recently appointed to the Homœopathic Staff of Cook County Hospital are: Drs. E. H. Pratt, T. E. Motter, G. N. Pratt, Edgar J. George, B. A. McBurney, S. H. Aurand, C. T. Hood, and Edwin N. Nash.

On February 1st Dr. W. C. Goodno will occupy the offices in his new residence at 1603 Walnut Street.

Dr. C. S. Raue, of 1621 Chestnut Street, has been ill, but has now quite recovered and is again in attendance upon his patients.

Dr. George Taylor Stewart, formerly Superintendent of Bellevue Hospital, has been appointed Superintendent of Hospitals of the Board of Health of New York City. He will be in charge of the Riverside, the Willard Parker and the Reception Hospitals, and the Kingston Hospital in Brooklyn. By means of this arrangement for a general head for the hospitals, the physicians who have been acting in administrative capacities in each separate institution will be free to devote their time to strictly professional duties, while Dr. Stewart will exercise a general executive office. Dr. Stewart will take charge immediately.

Dr. R. Herbert Clement, of San Francisco, died on December 23, 1902, aged 32 years. He was graduated from the Hahnemann Medical College of the Pacific, San Francisco, in 1893.

Dr. John D. Ward has removed to 514 Tasker Street, Philadelphia. Bell Telephone 1165 A Market.

Dr. H. H. Rhodes, Hahnemann, 1902, has located at Middletown, Pa.

Dr. Frank H. Pritchard, of Monroeville, Ohio, whose contributions have for a number of years constituted a feature of the *HAHNEMANNIAN'S* "Gleanings," is pursuing an extensive course of post-graduate study in the clinics of Hahnemann Hospital.

Dr. Carl Schumacher, a graduate of the Homœopathic Medical College of Cleveland, died in Syracuse, N. Y., on December 15, 1902, aged 51 years.

A third edition of the well-known book on "Urinary Analysis," by Dr. Clifford Mitchell, Professor of Renal Diseases in the Chicago Homœopathic Medical College, is out, and the same author has a large work in press, entitled "Diseases of the Urinary Organs," which will soon be ready. Boericke & Tafel publish both books.

The Philadelphia Medical and Surgical Society held its regular monthly meeting in the Professional Building on Wednesday, January 21, 1903. Dr. W. D. Culin, the essayist of the evening, discussed "Dyspnoea" in its various clinical aspects.

The Germantown Homœopathic Medical Society of Philadelphia held its monthly session at Mosebach's, on Monday evening, January 19th. Dr. George W. Mitchell was elected to membership. The election of officers for the year resulted in the following choice: *President*, Dr. C. M. Brooks; *Vice-President*, Dr. M. H. Lyle; *Recording Secretary*, Dr. G. W. Smith; *Corresponding Secretary*, Dr. L. W. Thompson; *Treasurer*, Dr. G. M. Christine; *Censors*, Drs. N. F. Lane, E. C. Thomas and E. Humphreys; *Judiciary Board*, Drs. A. M. Barnes, W. D. Bayley, W. H. F. Fitz, I. Gilbert, T. J. Gramm, W. M. James, C. W. Karsner, H. G. Weaver, C. W. Vischer, and E. M. Mercer. The customary luncheon was served.

**Philadelphia's New Almshouse and Insane Hospital.**—For some time it has been understood that the poor and insane will be removed from the Philadelphia Hospital (Blockley) as soon as suitable quarters could be prepared elsewhere. The municipal authorities have decided to erect the necessary buildings upon the House of Correction property at Holmesburg, and the work

will be pushed forward rapidly. The site recently chosen for the Municipal Hospital (contagious diseases) is about five miles southeast of this property.

The removal of the indigent poor and the insane from Blockley will at once relieve the overcrowded condition of that institution. It is proposed to raze the old buildings immediately and to erect on this site new and model buildings for the care and treatment of the sick. When this has been accomplished, the Philadelphia Hospital should at once assume the importance as a clinical teaching centre to which its wealth of material entitles it.

**A Great Hospital for the Treatment of Tuberculosis.**—Mr. Henry Phipps, a partner of Mr. Andrew Carnegie, has announced his intention of donating \$1,000,000 for the establishment in the "slum" section of Philadelphia of a great hospital for the application of modern methods in the treatment of tuberculosis. The State law which forbids the erection of new hospitals in the built-up portions of the city stands in the way of the accomplishment of Mr. Phipps' purpose, but it is believed that the law will be either amended or, if necessary, repealed.

**The Health of Philadelphia.**—The death-rate in the City of Philadelphia for 1902 was 17.67 per 1000, the lowest since 1879. It is remarkable that smallpox, which assumed epidemic proportions during the year, was responsible for but 231 deaths. The disease has reappeared during the present winter, but the number of cases is small and no general outbreak is apprehended.

**The Homœopathic Medical Society of Chester, Delaware and Montgomery Counties** held its January meeting in Chester, Pa., and listened to an able discussion of the therapeutic uses of carbolic acid by Dr. E. L. Clark, of Media.

**Brooklyn News.**—The 46th annual meeting of the Homœopathic Medical Society of the County of Kings was held in Weed's Hall, corner of Bedford Avenue and Hancock Street, January 13, 1903.

The annual election of officers resulted as follows: *President*, Dr. W. J. Shrewsbury. *Vice-President*, Dr. Stuart Close. *Secretary*, Dr. Ralph I. Lloyd. *Treasurer*, Dr. W. L. Love. *Necrologist*, Dr. John L. Moffat. *Censors*, Drs. W. B. Winchell, O. S. Ritch, W. S. Rink, W. H. Aten, W. W. Blackman.

The Cumberland Street Hospital is now doing good work. About one hundred patients are to be found there, and the daily average will probably increase. The contract for a complete X-Ray and Static Outfit has been let, and the institution will soon give very favorable results in this line.

Dr. W. H. Freeman has removed to 263 Arlington Ave. Hours, 8-10; 12-1; 6-7.30.

R. I. Lloyd.

**New York Letter.**—Dr. Edward G. Tuttle, of No. 61 West 51st Street, has withdrawn from general practice, and will devote his attention exclusively to surgery and gynæcology. Hours, 11 to 1, Sunday excepted, and by appointment.

Dr. H. Everett Russell, 30 East 74th Street, will include non-surgical orthopædic cases in his specialty of diseases of children.

Dr. George F. Raynor has located at 989 East 169th Street; Telephone 182A Melrose.

Dr. Guy B. Stearns is located at 168 West 78th Street. Hours, until 10 A.M., 5-7 P.M. Phone 3993 Riverside.

Dr. Perry Dickie announces office practice only at 17 Schermerhorn Street, Brooklyn; ear, nose and throat exclusively; hours, 9-12.

The New York Homœopathic Materia Medica Society met at the residence



of its President, Dr. Walter Sands, Mills, 154 West 119th Street, December 17, 1902. The program included discussion of cases by members of the Society, and the annual election of officers, resulting as follows: W. S. Mills, M.D., President; W. I. Pierce, M.D., Vice-President; Charles VerNooy, M.D., Secretary and Treasurer.

The Academy of Pathological Science held a regular meeting on the evening of December 20th, at the residence of Dr. Walter Sands Mills. Dr. G. W. McDowell exhibited specimens and introduced the discussion of "Foreign Bodies in External Auditory Canal." Dr. G. W. Roberts presented "Four Recent Cases of Appendicitis, with Specimens;" also, "Fracture of Astragalus Treated by Excision, with X-Ray Pictures." Dr. E. G. Tuttle presented "Cystic Goitre; Specimen," and "Stricture of Fallopian Tube Simulating Appendicitis; Specimen." The following physicians were elected to membership: Drs. Frank C. Bunn, East Orange, N. J., C. C. Clark, West Hoboken, Irving I. Meeker, Upper Montclair, Arthur H. Hardy, Flower Hospital, S. S. Hull, 123 West 73d Street, N. Y., Arthur Powelson, 102 Convent Ave., Ralph Stewart, 181 East 64th Street.

Dr. Henry M. Dearborn's work, "Diseases of the Skin," is out, and is well come by the profession as a much-needed volume, covering the subject as it does with full and comprehensive consideration of symptomatology, etiology and diagnosis, principles of treatment, and full indications for drug remedies.

*The Chironian*, edited by Reuel A. Benson, '03, appears this college year in a new and attractive form. The articles are well-chosen, and interesting alike to the students and alumni of the N. Y. H. M. C. & H.

Dr. Clarence Bartlett, in his "Clinical Medicine; Principles of Diagnosis," has given to the profession a valuable work, and Messrs. Boericke & Tafel have issued the book in very handsome style. In fact, the superior workmanship of the leather bound volume, well-printed on good paper, is an emphatic reminder to the homœopathic physician that all the books of his school should merit and receive just such well-nigh perfect mechanical treatment. A good book deserves good publishing, but it does not always get it, most unfortunately for all concerned. In the present gratifying instance, the author's task has been accomplished so worthily that Dr. Bartlett is to be highly congratulated on the co-operation of his publishers.

Three cases of leprosy were brought to the Metropolitan Hospital in December. They presented the most interesting phases of the disease, and it is interesting to record that when carefully prescribed for by a specialist and expert, each patient received the drug indicated by his own peculiar or individual symptoms and condition. The three prescriptions called for three different remedies, namely, lachesis 30, hydrocotyle asiatica 2x, and arsenicum iodide 6x.

The County Society held a regular meeting on January 8th, at 8 o'clock P.M. Drs. James Leonard Whiteman and Mary Edna Butterworth were elected to membership. Dr. George E. Best, of Englewood, N. J., was elected to corresponding membership. Several nominations were made. Dr. E. H. Porter introduced the topic at present before the citizens of New York City in respect to the abuses of street car management, suffered by patrons in general. Drs. A. B. Norton and John E. Wilson ably seconded Dr. Porter's clear and forcible presentation of the Society's responsibility, and resolutions were adopted. The retiring President, Dr. Wm. H. Van den Burg, made the annual address, entitled, "Present Therapeutic Tendencies," which was of such interest as to prompt a resolution for its publication and distribution. The inaugural address was made by the President, Dr. Irving Townsend, who also announced the committees for the ensuing year. Special memorial committees had been appointed to report on the life of Obadiah Newcomb, B.A., M.A., M.D., and on



the life of Timothy Field Allen, M.A., M.D., LL.D. Reports of the necrologist were read by Dr. J. Hutchinson. Addresses in memory of Dr. Allen were presented by Dr. J. B. Gregg Custis, of Washington, D. C., and by Dr. Conrad Wesselhoeft, of Boston, Mass. Dr. St. Clair Smith gave personal reminiscences of Dr. Allen's private and professional life. Dr. S. Wilcox and Dr. F. H. Boynton also referred to Dr. Allen's remarkable achievements in founding hospitals under control of the homœopathic school of medicine.

John Hutchinson, M.D.

**Rochester News.**—Since our last letter, when small-pox here was practically stamped out, there being but one case at the isolation hospital, another epidemic, undoubtedly attributable to the one in the summer, has gained headway, and about 250 cases have thus far developed.

The city authorities were unprepared for the trouble, though the Health Department had made strenuous efforts that suitable quarters be in readiness. The Board of Appropriation and Supply had not seen fit to provide a new municipal hospital in the summer, and, consequently, the patients are being cared for in election booths till the hospital is finished, which will not be until Feb. 1st, at the earliest.

Five public vaccination stations have been doing business since November 20th, and a corps of over twenty physicians are doing house to house vaccinating in a very thorough manner. Unless persons can show the result of a satisfactory vaccination not over a year old, they are re-vaccinated or reported to the Health Department, with their place of business. Their employers are then notified that such persons in their employ are not protected by vaccination and are a menace to the community. In most cases the employers oblige the unprotected person to be vaccinated, or to lay off till the epidemic is over. In this way it is expected the city will soon be as thoroughly vaccinated as it is possible to make it. Thus far not one of the cases has been of a person recently vaccinated successfully. Business men of Rochester are fully alive to the situation, as business with out-of-town trade is practically *nil*. They are insisting on the successful vaccination of their employees.

Thursday night, Dec. 5th, the Genesee Valley Club was the scene of a most enjoyable and entertaining occasion, when, as guests of Dr. Edwin H. Wolcott, Director-in-Chief of the Monroe Co. Society Proving Club, the club sat down to an elaborate dinner which had been planned to mark the close of a successful series of provings upon a male prover, which had been conducted during the previous month.

In addition to the members of the club, whose names were given in the November issue, the following guests were present: Granger A. Hollister, Secretary of the Board of Governors of the Rochester Homœopathic Hospital; Dr. W. H. Doane, of Pittsford, President of the Monroe County Society; Dr. John W. Le Seur, of Batavia, and Dr. W. H. Hodge, of Niagara Falls. Dr. Daniel H. Arthur, Superintendent of the Gowanda State Homœopathic Hospital, was unable to be present.

Dr. Edwin H. Wolcott, Director-in-Chief of the Club, spoke very optimistically and encouragingly of the work done, and advising a continuance of the proving. He said:

"Personally, I hope it will be decided to continue this interesting and important study, and that the necessary funds will be forthcoming. Judging from this, our first experience in proving drugs, I am sure that with one or two exceptions the work will not be arduous, and I have been delighted with the earnestness, enthusiasm and hearty co-operation of every member of the club.

"All of us should feel happier and more interested in our profession when we

are engaged in the advancement of science, and particularly in the development and perfection of our *materia medica*, which alone constitutes our right for existence as a separate and distinct school of medicine. None of us are satisfied with our *materia medica* in its present condition, and the demand is great for workers who are willing to assist in correcting and revising our symptomatology.

"Regarding the plans of Dr. Bellows for the prosecution of these provings I have nothing but the highest praise. To my mind the system is practical, sound and scientific, and should commend itself to all thoughtful students of homœopathy.

"The criticism has been made that the work of re-proving our *materia medica* is too vast to be undertaken. The reply to this statement is that nothing is too great to be undertaken if it be right and for the good of humanity.

"Believing in the law of similars as we do, it is our privilege and our duty to demonstrate that law to the satisfaction of the world, no matter whether it shall require one year or one hundred years. The old school never grow weary of scientific research, and they are not so fortunate as we are, in having a guide to direct their investigations. The Christian church does not shrink from the evangelization of the world because of the greatness of the undertaking, and why should we hesitate to place our *materia medica* upon a more satisfactory basis because it will require time, study and persistent labor?

"If the O. and O. Society of the American Institute of Homœopathy shall succeed in making ten different provings of twenty-five drugs in twenty-five years, the work will not be difficult, according to the plan under which we are operating. With this number of our leading drugs thoroughly proven upon the healthy, we will have a knowledge of these remedies that will abundantly repay our effort, and will be convincing to the most skeptical that the law of similars is a reliable guide in the treatment of disease.

"In advocating and undertaking the re-proving of our *materia medica*, it may be inferred that we are opposed to the idea of the amalgamation of the schools of medicine which has been suggested by a few. Doubtless this inference is correct. Probably 90 per cent. of our profession do entertain the idea of opposition, and for the following reasons:

"We do not favor the idea of absorption, with practically no recognition—knowing that we have been investigating along certain lines for more than one hundred years, and have succeeded in contributing to science, and have made discoveries useful to those who have received our method of treatment. It is also evident, from what has been stated earlier, that we have not by any means accomplished our mission by placing our system of therapeutics upon a foundation which will command the respect and even compel the recognition of all who are interested in medical science. Moreover, it will be admitted, I think, that the development and growth of this infant Homœopathy will be advanced with greater satisfaction in the hands of its parents and friends rather than among those who are unfriendly and already prejudiced against it. We have the profoundest respect for all the old school has accomplished, and for what it has contributed to scientific medicine; yet we have by many years of experience learned to rely upon our remedies, when carefully selected, for the removal of diseases from the body, in the safest, quickest, and most effectual manner.

"Let us, then, advance as we see the light along our chosen way, each assuming his individual responsibility, firmly believing in the ultimate triumph and final recognition of homœopathy."

After hearing the Director's report of the proving as it was conducted day by day, each member read his section and gave his deductions as to the actual



conditions portrayed by the symptoms. The name of the drug was withheld, as further proving was anticipated. Each guest present was called upon for a toast, and wit and wisdom flowed until a late hour. A two-column report of the meeting, the aim and results of the work, a history of the provings as started in the different cities, and some of the methods employed, was accorded by the *Post-Express*, so that the public of Rochester are aware of the fact that homœopathic physicians are up and doing their share toward the advancement of medical science.

William W. Winans, M.D.

**The Lowell (Mass.) Hahnemannian Club** held its twenty-first annual meeting Wednesday evening, December 17, 1902, at the office of Dr. E. H. Packer. The following officers were elected for the ensuing year: *President*, George L. Van Deursen, M.D.; *Vice-President*, Chas. B. Sanders, M.D.; *Secretary*, Edward B. Holt, M.D.; *Treasurer*, John H. Lambert, M.D. Dr. George B. Rice, of Boston, President of the American Homœopathic Ophthalmological, Otological and Laryngological Society, was present as the guest of the club, and gave a very interesting and instructive clinical talk on "Diseases of the Accessory Nasal Sinuses."

**The Ohio Valley Homœopathic Medical Society.**—The regular meeting of the Ohio Valley Homœopathic Medical Society was held Wednesday afternoon, December 17, 1902, at the residence of Dr. R. W. Muhleman, at Bellaire, O.

The meeting was called to order at the regular hour, the President, Dr. McLure, presiding.

The following physicians were admitted as members of the Society: Drs. J. W. Morris, John McColl and George F. Wells, of Wheeling; Dr. F. M. Evans, of Bellaire; Drs. Gleason and Curtis, of Marietta.

After the transaction of routine business, papers were read by several members, and were generally and critically discussed by those present.

The subject of "Hepatic Diseases" was ably handled in an excellent paper by Dr. S. C. Shane, of Steubenville.

Dr. A. A. Roberts, of Wellsburg, W. Va., was listened to with great attention during the reading of his able paper on the subject of "Acute Urethritis."

The paper of Dr. Evans, of Bellaire, on "Sexual Weakness and Neurasthenia," was received with close attention and was discussed quite interestingly.

The election of officers for the ensuing year resulted as follows: *President*, Dr. S. C. Shane, of Steubenville, O.; *Vice-President*, Dr. J. B. Prentiss, of Steubenville, O.; *Secretary*, Dr. W. N. Rogers, of Bellaire, O.; *Treasurer*, Dr. Jennette Erskine, of Steubenville, O.

The retiring president, Dr. W. B. McLure, read a very interesting and instructive paper, that was highly appreciated by all present. Those present were: Drs. Morris, McColl and Wells, of Wheeling; Roberts, of Wellsburg; Shane, Prentiss and Erskine, of Steubenville; McLure, of Martin's Ferry; Muhleman, Evans and Rogers, of Bellaire.

The next meeting will be held at the Hotel Windsor, Wheeling, in May, 1903, in conjunction with the West Virginia State Homœopathic Society, which meets at that time.

Wm. N. Rogers, M.D.,  
*Secretary.*

**The New York Homœopathic Medical College and Hospital** has inaugurated a three weeks' Practitioners' Course, commencing April 27th. This course is open to advanced students in medicine as well as graduates. It



also aims, as far as possible, to be a purely clinical course. The great hospital connections of this College will furnish clinical material that can be seen in no other city in this country. The College has the best equipped laboratory of any medical school, and in the Practitioners' Course there will be thirty-six hours of practical laboratory work in urinalysis, bacteriology and blood-analysis. There will be forty-seven hours of operative work in surgery and gynaecology. There will be personal bedside instruction at the Metropolitan Hospital of over one thousand beds. Every department of medicine and surgery will be covered. Above all, homœopathy will be taught throughout the whole course. A fee of twenty dollars covers the entire course, or any part of it that may be desired, and includes a certificate of attendance. The class will positively be limited to one hundred. Read the advertisement of the course in this journal, and for announcement, address George W. Roberts, M.D., Secretary, No. 170 West 59th Street, New York.

**A Harmless Remedy for Sleeplessness.**—No medical practitioner can deny to sleepless patients the boon of needed rest. Greatly though he may fear the effect of narcotics, realizing that even if a drug not actually depressant it may instead induce a habit, the fact remains that the victim of insomnia has more to fear from exhaustion than from the remote effects of sleep-giving drugs. The conscientious man will avoid opiates, however, and the wise man will avoid coal-tar products; and fortunately it is possible to avoid both. A dose of thirty drops of a saturated tincture of the American Passion Flower (the standard commercial preparation is Daniel's concentrated tincture *passiflora incarnata*) will induce natural sleep. This fact is particularly interesting because formidable doses of the drug taken by provers did not induce a single untoward symptom. The remedy is both safe and effective.

**Iron and Its Preparations.**—In recent years there has been a marked tendency on the part of clinicians to avoid the enormous doses of crude iron formerly used in the treatment of the anæmias. In consequence, a vast number of commercial preparations have been offered by enterprising manufacturers, most of them combinations of iron with manganese, in which solution has been secured with the aid of acids or alkalies. These latter, according to Prof. Bunge, are apt to be held in solution by a comparatively large quantity of caustic soda, which neutralizes, to a certain extent, the hydrochloric acid in the stomach, and liberates oxides of iron and manganese. Unfortunately, the latter, through the action of the hydrochloric acid of the gastric juice, are converted into chlorides of the metals and set up a caustic action on the gastric mucosa. It is because of this fatal objection that as yet no efficient substitute has been found for peptomangan (Gude), in which the iron and manganese exist in organo-plastic form in a perfectly neutral solution. This preparation undergoes no chemical change when taken into the stomach, and, being practically predigested, is readily absorbed by the mucous membrane, and passes immediately into the blood.

**Neoferrum—The New Iron.**—This new and important addition to The Maltine Company's list of standard remedies appealed to the medical profession the instant it was introduced. It presents iron in an entirely new form—the Malto-Peptonate—a discovery and product of the Maltine laboratories. Neoferrum possesses several very important advantages over all other iron preparations, in that it has nutritive value and digestive (starch-converting) power.

"The Documents in the Case."—We hope that every physician who receives the somewhat graphic description of the case of Mrs. S——, and notices the marked and rapid improvement in her condition as evidenced by

the differential blood counts, may apply to The Palisade Manufacturing Co. for information in regard to the treatment which proved so distinctly successful in this marked case of chloro-anæmia. Those who have not as yet received this unique portfolio of legal-looking documents should apply for a copy at once before the supply is exhausted.

**Convulsions** may frequently be cut short, like magic, by teaspoonful doses of Celerina repeated at short intervals. The nausea as an after-effect of chloroform, or other narcosis, may generally be controlled in the same manner.

**A Dangerous Swindler.**—For nearly a year past, many of the doctors and dentists of this country have been victimized by a clever swindler, who has passed under several aliases, among them R. G. Stearns, R. L. Nelson and others. He claims to represent the publishers of the *Success* magazine, and takes orders for numerous magazines comprised in clubbing offers. He works very rapidly, jumping from town to town, and always among doctors and dentists. All the money he obtains is appropriated, and the magazines are never ordered or received. Every effort has been made to apprehend this swindler, but so far without success. The Success Company requests us to notify all doctors and dentists that its representatives always bear a special dated card of introduction, and to patronize no others. It also offers a reward of \$50 for any information that will lead to the apprehension of this swindler. He is described as follows:

From 23 to 25 years old ; 5 ft. 9 in. in height ; medium build ; weight about 150 lbs. ; dark hair (almost black) of medium length, very curly about the temples ; dark gray eyes (almost hazel) ; rather sallow complexion, with scattered dark-brown freckles ; face unusually round for man of so light build ; clothes not shabby, but far from new, and much worn. Black coat and vest, gray trousers (hard twisted goods), with small stripe ; black derby hat, much worn ; old-style turndown collar, with made tie. General untidy appearance for a man in the soliciting business.

As a remedy in diseases of the mucous surfaces, S. H. KENNEDY'S EXTRACT OF *PINUS CANADENSIS* has successfully passed through the crucial test of practical experience. Recent observers have given it a place far in advance of that class of mineral astringents which have hitherto held a front rank in the treatment of mucous discharges, "especially vaginal and urethral," sores, ulcers, piles, sore throat, nasal catarrh, dysentery, diarrhoea and hæmorrhages. While not altogether a new remedy, medical text-books have nevertheless thus far considered it in a very brief and cursory manner, and the great favor it now enjoys among those who have used it has not yet extended, we believe, throughout the medical profession in its entirety. A knowledge of its merits should be, therefore, more thoroughly disseminated, since an intimate acquaintance with its virtues means an improved method of treatment of diseases heretofore obstinate and intractable.

When babies refuse other Foods, and greedily take Eskay's, it is a pretty sure indication that it is not only palatable to them, but satisfies the cravings and needs of their systems better than any other form of nourishment. That this is a fact is shown by the many clinical reports, not only from physicians in private practice, but also institutions, all of which speak in the highest terms of Eskay's. The Burrage Hospital, of Boston, Mass., says that, "Eskay's Food is being prescribed in nearly all of our infantile cases by different members of the staff, and the results met with are very satisfactory."



**Excessive Proteid Diet.**—It doesn't require much of an argument to show that good material must go into the twenty-story building if it is to be solid and secure. Yet a great many people seem to think that it matters little what kind of material goes into the building of the human structure! They offer the body thistles and ask it to give back figs. They feed on thorns and expect to pick roses. Later, they find they have sown indigestion and are reaping ptomaines. It's a wonderful laboratory, this human body. But it can't prevent the formation of deadly poisons within its very being. Indeed, the alimentary tract may be regarded as one great laboratory for the manufacture of dangerous substances. "Biliousness" is a forcible illustration of the formation and the absorption of poisons, due largely to an excessive proteid diet. The nervous symptoms of the dyspeptic are often but the physiological demonstrations of putrefactive alkaloids.

Appreciating the importance of the command, "Keep the Bowels Open," The Antikamnia Chemical Company offers Laxative Antikamnia and Quinine Tablets, the laxative dose of which is one or two tablets every two or three hours, as indicated. When a cathartic is desired, administer the Laxative Antikamnia and Quinine Tablets as directed, and follow with a saline draught the next morning, before breakfast. This will hasten peristaltic action and assist in removing, at once, the accumulated fecal matter.

**The Original Sherlock Holmes.**—Now that Sherlock Holmes has appeared again, this time in a long story, "The Hound of the Baskervilles," it is interesting to recall his original. This is Dr. Joseph Bell, who was one of Dr. Conan Doyle's medical instructors at Edinburgh. Many anecdotes are told by his former pupils illustrating his powers of deduction. The latest is concerning a man who, evidently in great distress, walked into the hospital for treatment.

"Well, what's the matter with you?" asked Dr. Bell.

"I don't quite know, sir," replied the man.

"What's your business?"

"Cobbler, sir."

"Ever been anything else?"

"No, sir; I've been a cobbler all my life."

"Well, take him in and examine him. That," said Dr. Bell to his class, when the patient had been taken into the examination-room, "is a very odd case. The man is a deserter from the Indian army. He knows perfectly well what's the trouble with him, but he's afraid to tell us for fear we'd know he contracted it in India. Yet he's in so much pain that he risks coming to us, trusting that we won't find out what's the matter with him, but will be able to relieve him without finding out. Strange case."

Just then the patient was brought back from the examination-room.

"Well," said Dr. Bell, "did you find any bullet wounds or sabre cuts on him?"

"Why, yes, sir," the doctor who had made the examination replied, in great surprise. "There were two bullet wounds, and he had a long scar across his left shoulder."

Dr. Bell turned to the patient.

"This disease you have," he said, "was contracted in India while you were in the army. You left the army. Why didn't you go back?"

The man hung his head.

"Why did you say you'd been a cobbler all your life? Deserter, aren't you?"

"Yes, sir," faltered the patient.

But that didn't surprise the class. Dr. Bell was always correct in his deductions.



# THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

MARCH, 1903.

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**The American Text-Book of Obstetrics.** In two volumes. Edited by Richard C. Norris, M.D.; Art Editor, Robert L. Dickinson, M.D. Second edition, thoroughly revised and enlarged. Two handsome imperial octavo volumes of about 600 pages each; nearly 600 text-illustrations, and 49 colored and half-tone plates. Per volume, cloth, \$3.50 net; sheep or half morocco, \$4.00 net.

This text-book, edited by Richard C. Norris and Robert L. Dickinson, appears again in a most convenient form, the two volumes greatly facilitating the handling of the book. The work is one which does not call for criticism, but only favorable comment and review. The high grade of excellence of the first

edition is equally high in the second. Those subjects which were written by men who, since the book first appeared, have died, are ably handled by their successors.

Normal labor, the thorough understanding of which students master with so much difficulty and study with so much reluctance, is taught in such a manner that one cannot help but read with interest and delight.

By the recent advances in bacteriologic and chemico-biologic research, additions and changes have been necessitated which add greatly to the value of the book.

The surgical treatment of the complications of pregnancy, labor and the puerperal state is most admirably and lucidly set forth in a thoroughly practical manner.

The illustrations, old and new, enhance the worth of the book greatly, rendering the text easy to understand when otherwise the student might have encountered some slight difficulty in thoroughly comprehending the thoughts of the authors.

The physiology and pathology of the new-born, which so many works on obstetrics treat of so slightly, is very thoroughly written and well arranged.

Worthy of especial attention and commendation is the section on pelvic deformities, with its clear-cut text and its numerous and excellent illustrations.

The book, as a whole, is truly a work for practitioners and students alike, the absence of which from our shelves should indeed be deplored.

**Cancer and Other Tumors of the Stomach.** By Samuel Fenwick, M.D., F.R.C.P., Consulting Physician to the London Hospital, and W. Soltan Fenwick, Senior Physician to the London Temperance Hospital, Physician to the Ebelina Hospital for Sick Children. Philadelphia: P. Blakiston's Son & Co. 1903. Price, \$3.00.

The mechanical construction of this work is truly handsome; we might almost call it an *édition de luxe*, with its bright color, gilt edges and heavy plate paper. All of these are appropriate to the wealth of information contained within the pages.

The book is divided into two portions, the first of which deals with gastric carcinoma, and the second with other tumors which affect the stomach and duodenum. The general description of malignant disease is based upon the analysis of post-mortem records of over 3000 cases collected by the authors. The careful observation methods of the authors demonstrate conclusively that cancer of the stomach is far more infective than is generally believed, this conclusion being reached by reason of careful microscopic examination of various tissues, showing much greater spread of the lesions than the ordinary naked-eye examinations would lead one to suspect.

The authors do not agree with others respecting the etiology of gastric malignancy. Hospital statistics, they demonstrate most conclusively, are faulty. In reality, the disease is equally common in the two sexes, and liability to it increases with each decade of life until the age of 80 years is attained. They furthermore express their disbelief in the increasing frequency of the disease. They draw attention to a singular fact,—which, after all, may be but a coincidence,—namely, that 60 per cent. of the deaths from gastric carcinoma take place during the months from June to November.

The symptomatology has been written from the study of 154 cases which were treated and examined after death at the London Hospital and the London Temperance Hospital. The adoption of this method undoubtedly affords a more accurate idea of the clinical features of the complaint as it appears in every-day practice than can be obtained from the records of private experience.

Each separate symptom is considered in reference to the condition, situation and extent of the morbid growth, and the conclusions have been presented, as far as possible, in tables.

The book is noteworthy, also, for the second part, treating of tumors other than malignant, and gastric syphilis. The latter is a much-neglected subject. Clinicians are now beginning to realize its importance. Twenty years ago, syphilis of the nervous system was diagnosed exceptionally. One hundred years ago, the possibility of luetic disease of the brain was denied.

**Cushny's Pharmacology and Therapeutics.** A Text-Book of Pharmacology and Therapeutics; or, the Action of Drugs in Health and Disease. By Arthur R. Cushny, A.M., M.D., Professor of Materia Medica and Therapeutics, University of Michigan, Department of Medicine and Surgery, Ann Arbor, Mich. Third edition, revised and enlarged. In one handsome octavo volume of 750 pages, with 52 engravings. Cloth, \$3.75, net; Leather, \$4.75, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1903.

During the eighteen months which have elapsed since the appearance of the second edition, several important advances have been made in pharmacology, necessitating corresponding changes in the text. The most interesting of these is the authoritative and, it is to be hoped, final determination of the food value of alcohol, which has been treated in more detail than in former editions. The increasing use of cocaine as a local anæsthetic and the introduction of the sub-arachnoid method of medication required an expansion of the chapter on cocaine, and much more consideration has been devoted to the adrenal gland. Numerous minor changes have been made to bring the text up to date, and several new illustrations have been added.

It is an encouraging sign of the tendencies of modern medicine to note the continued welcome extended to a book which endeavors to explain the *reasons* for drug action, and to offer a connected and rational body of knowledge concerning therapeutics.

**Stepping-Stones to Neurology.** A Manual for the Student and General Practitioner. By E. R. McIntyer, B.S., M.D., Professor of Neurology in the Dunham Medical College of Chicago. Philadelphia: Boericke & Tafel. 1903.

The difficulty of writing a small book is proverbial. The author must of necessity omit much that his reader would like to learn. A criticism of a work of this kind must be based upon the judgment exercised by the author in selecting material of practical interest, and omitting that which most men regard as unimportant details. From this standpoint we look upon Dr. McIntyer's effort as a success.

As a teacher in an institution which has been, and is, the exponent of so-called pure homœopathy, our interest centres not unnaturally upon treatment, and we find that this important branch is presented pretty much as it is by other authors. We do not find that he is as "pure" as we expected, nor do we think one of his recommendations—nitrite of amyl as a palliative in epilepsy—of much practical value. However, this is a small matter, as, after all, we expect authors, in matters relating to treatment, to present the results of their own experiences, and not to depend too much upon theoretical considerations.

**Saunders' American Year-Book—The American Year-Book of Medicine and Surgery for 1903.** A Yearly Digest of Scientific Progress and Authoritative Opinions in all branches of Medicine and Surgery, drawn from journals, monographs and text-books of the leading American



and foreign authors and investigators. Arranged, with critical editorial comments, by eminent American specialists, under the editorial charge of George M. Gould, A.M., M.D. In two volumes. Volume I., including General Medicine, octavo, 700 pages, fully illustrated; Volume II., General Surgery, octavo, 670 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Per volume, cloth, \$3.00 net; half morocco, \$3.75 net.

We do not know of any similar publication, either American or foreign, that can compete in any way with this excellent Year-Book, published by W. B. Saunders & Co. It is not an indiscriminate collection of extracts clipped from any and every journal; the matter is carefully selected, edited, and in numerous cases commented upon by the eminent authorities whom Dr. Gould has enlisted as his assistants. Every new theory and scientific discovery worthy of the consideration of the profession has found a place in this unusually complete Year-Book; and the names of the several editors are sufficient guarantee of a proper discrimination. The work comes to us in the same dress as last year—in two volumes. Volume I. contains General Medicine and Volume II. General Surgery, the volumes being sold separately if desired. As usual, the illustrative feature is well taken care of, there being eleven full-page inserts, besides many excellent text-cuts. We strongly recommend Saunders' American Year-Book as the best work of its kind on the market.

**Lessons and Laboratory Exercises in Bacteriology.** An Outline of Technical Methods Introductory to the Systematic Study and Identification of Bacteria. Arranged for the Use of Students. By Allen J. Smith, M.D., Professor of Pathology in the University of Texas, Galveston. Philadelphia: P. Blakiston's Son & Co. 1902. Price, \$1.50 net.

This work belongs to a practical class of books, of which more should be published. It is the outcome of a series of exercises which were carried out by the class in the University of Texas, under the guidance of an assistant. The exercises were outlined daily upon the blackboard, and verbal instructions as to their purpose and the manner of procedure given as required by the class. The arrangement, being found well adapted to systematic work, has been continued for several years. At the request of his students, and with the thought that perhaps others might be interested, the author has written out these exercises for publication.

There are arranged blank pages upon which notes of the outcome of the various experiments and record of special instruction as to technique may be added, and, as an appendix, a blank form is printed, following which, as a form at the close of the book, should be recorded the data ascertained in connection with the more important form of micro-organisms which have been studied in the exercises.

One problem with the author was as to whether he should pay attention more especially to the more important bacteria, especially the pathogenic, or to technical work. In the more recent years, however, much advance has been made in these lines, and it is more in harmony with the purposes of education that the student should be taught in the laboratory the methods of demonstration of bacterial characters and properties, and a proper manner of investigation and observation, than that he should devote his time and attention to isolated facts, which in many instances are better brought to his attention in connection with the work on medicine and surgery. The writer has endeavored in the selection of the illustrative work to embody the more important points which clinical study demands, but in no other way than as important illustrations. As outlined, the entire course of exercises embodied in the following pages may be carried out in nine weeks, each student working at least ten hours each week.

**Lea's Series of Medical Epitomes—Manton's Obstetrics.** A Manual of Obstetrics for Students and Practitioners. By W. P. Manton, M.D., Adjunct-Professor of Obstetrics and Professor of Clinical Gynæcology, Detroit College of Medicine. In one 12mo volume of 265 pages, with 82 illustrations. Cloth, \$1.00. Lea Brothers & Co., Publishers, Philadelphia and New York, 1903.

This, the fourth volume of Lea's Series of Medical Epitomes, presents a clear compendious covering of the essentials of modern obstetrics. It is written in admirably simple language, and its arrangement and scope give ample evidence of its author's experience in teaching this subject.

The little volume stands out boldly as an example of skillful condensation; its 265 pages contain a surprising amount of well-told information necessary to a foundation knowledge, and a superfluous word or phrase would be hard to find. To the student it will prove a boon indeed, and teachers and practitioners will value it almost as much.

For convenience in quizzing a series of questions are given, but in order that they may not break up the continuity of the text these questions appear at the end of each chapter.

**Saunders' American Hand-Atlases. Atlas and Epitome of Human Histology and Microscopic Anatomy.** By Privatdocent Dr. J. Sobotta, of Wurzburg. Edited, with additions, by G. Carl Huber, M.D., Junior Professor of Anatomy and Histology, and Director of the Histological Laboratory, University of Michigan, Ann Arbor. With 214 colored figures on 80 plates, 68 text-illustrations, and 248 pages of text. Philadelphia and London: Saunders & Co., 1903. Cloth, \$4.50 net.

This work combines an abundance of well-chosen and most accurate illustrations with a concise text, and in such a manner as to make it both atlas and text-book. The great majority of the illustrations have been made from sections prepared from human tissues, and always from fresh and in every respect normal specimens. The colored lithographic plates have been produced with the aid of over thirty colors, and it is evident that particular care was taken to avoid distortion and assure exactness of magnification. The text is as brief as possible; clearness, however, not being sacrificed to brevity. The editor of the English translation has annotated and altered very freely certain portions of the sections on the adenoid tissues, blood and the blood-forming organs, muscular tissues, special sense organs, and peripheral nerve distributions, making these parts conform to the latest advances in the study of these tissues. The work will be found useful as an atlas, text-book, and book of reference for student and practitioner. We strongly recommend it.

**Quiz Compend, No. 14.** A Compend of Diseases of Children, Especially Adapted for the Use of Medical Students. By Marcus P. Hatfield, A.M., M.D., Emeritus Professor of Diseases of Children, N. W. U. Medical School; Physician to the Wesley Hospital, Home for Crippled Children, Chicago Orphan Asylum, etc. Third edition, thoroughly revised. With a colored plate. Philadelphia: P. Blakiston's Son & Co. 1903. Price, 80 cents, net.

This little book is founded upon Prof. Kormann's excellent "*Compendium der Kinderkrankheiten*," translated many years ago with the co-operation of Dr. E. J. Doering, while fellow-students at the University of Berlin. This joint translation in time became the foundation of an annual course of lectures delivered at the Chicago Medical College, and these lectures, recondensed, the material for this compend. At this date it would be difficult, if not impossible, to state how much credit should be given to Henoch, Kormann, Bouchut,



Bazinsky, and others, all of whom were drawn upon freely in the preparation of these lectures, and in a work of this character individual acknowledgment has not been attempted, except in the case of direct quotation.

Although called a compend, the work is so closely printed, and, moreover, so free of unnecessary verbiage, that it may be more truly regarded as a small text book for such physicians as care to read up on any pediatric subject in a few words. To them it may be recommended.

**A Lecture on Homœopathy.** By John Henry Clarke, M.D. London, Homœopathic Publishing Co. 1902.

A delightful little essay of great merit, written by the distinguished author of our "Dictionary of Materia Medica." Dr. Clarke's object in writing this lecture was to give to the nurses of the London Homœopathic Hospital some idea of how the fact of the double relationship of drugs to the animal body—their power to cause disease, as well as their power of removing it—is utilized in homœopathic practice. And he has succeeded so well that we should like the little book to have a wide hearing.

**Pearls of Homœopathy.** By M. E. Douglass, M.D. Boericke & Munyon, New York. 1903.

Under the above title, Dr. Douglass has arranged the remedies from Abies to Zingiber, giving us only those symptoms which he has found to be characteristic of each remedy. Thus has been made a little book of some 23 pages, which the publishers have printed very nicely and bound very comfortably in flexible leather. It is only fair to state that the little volume belongs to that class of books the principal use of which is to refresh the minds of those who have already studied the larger and more complete *Materia Medica*. We can readily imagine that such might find it an acceptable and useful volume. As Dr. Douglass states in the preface, "the balance of the pictures can be filled up from the larger works." Medical students ought to find this a very useful "quiz-compend."

**International Clinics.** A Quarterly of Illustrated Clinical Lectures and especially prepared Articles on Medicine, Neurology, Surgery, Therapeutics, Obstetrics, Pediatrics, Pathology, Dermatology, Diseases of the Eye, Ear, Nose and Throat, and other Topics of Interest to Students and Practitioners by leading Members of the Medical Profession throughout the World. Edited by Henry W. Cattell, A.M., M.D., Philadelphia, U. S. A., with the Collaboration of John B. Murphy, M.D., Chicago; Alexander D. Blackader, M.D., Montreal; H. C. Wood, M.D., Philadelphia; T. M. Rotch, M.D., Boston; E. Landolt, M.D., Paris; Thomas G. Morton, M.D., Philadelphia; James J. Walsh, M.D., New York; J. W. Ballantyne, M.D., Edinburgh, and John Harold, M.D., London; with Regular Correspondents in Montreal, London, Paris, Leipzig and Vienna. J. B. Lippincott Company, Philadelphia and London. Cloth, \$2.00. Volume IV. Series, 12th.

Vast improvements have been made in this notable work during the past two years, and the publishers are giving one of the most practical and economic works for the general practitioner that it is possible to conceive. During the past year they have given over 1200 pages, with 12 colored plates and 218 text illustrations; illuminating 98 articles, divided into 28 in the Department of Medicine, 27 in Therapeutics, 22 in Surgery, 4 in Obstetrics and Gynecology, 5 on the Eye, Ear, Nose and Throat, 4 on Neurology, 5 special articles on subjects not mentioned above, and 3 monographs, 1 each on the Progress of Medicine, the Blood and the Function of the Digestive Glands. It is the aim of the editorial corps to give only such practical articles as have special bearing on the every-day practice of the physician and possess a high order of merit, coming from the foremost medical men of the entire world.



The present number, the last volume of the twelfth series, maintains the high standard set by the editors. We are pleased to note especially the articles on the sanatory tent and its use in the treatment of the tuberculous, the treatment of chronic gastric catarrh, the treatment of aneurysms by gelatin, abdominal diagnosis, scars and marks of clinical interest, and traumatic lesions of the brain in their relation to operation. The *International Clinics* is the next best thing to a post-graduate course.

**Therapeutics of Infancy and Childhood.** By A. Jacobi, M.D., LL.D.  
Third edition. Philadelphia and London: J. B. Lippincott Co. 1903.  
Price, \$3.50.

In this, the third edition of Jacobi's standard work, the author finds no reason to change to any extent his convictions as laid down in previous editions on many questions connected with the important subject of infant feeding. As he says truly, no unanimity of opinion exists among authorities, and never will so long as infants insist upon being individualities. It is unquestionably true that the soundness of a man's teaching is best demonstrated by the soundness of infant digestion and the number of living and well children.

Many editions have been made, but no actual changes in the general character of the work. The author has in great measure founded his therapeutics upon etiology; of this the profession will approve most strongly in the future as it has in the past. Nevertheless, Jacobi does not ignore pathological anatomy and diagnosis in the interest of treatment.

Of the general character of the author's teaching we may say that he is generally original, and always interesting and instructing.

**Biographic Clinics.**—It is a peculiar fact that the letters and other writings of De Quincey, Carlyle, Darwin, Huxley and Browning, liberal as they are with references to the continued ill-health of those great writers, have not before this suggested to the medical profession an opportunity for research into the causal factors of those physical conditions. That the opportunity has not until now been recognized in its proper light is evidenced by the hitherto total absence of any work dealing with this subject. Dr. George M. Gould's "*Biographic Clinics*" (P. Blakiston's Son & Co., Philadelphia), which is devoted to this neglected subject, should, therefore, prove a most unique and valuable contribution to biographical and medical literature.

Dr. Gould has gathered from the biographies, writings and letters of the five named men every reference to their ill-health. Each endured, as is well known, a life of suffering which made almost every day a torment, and by which their work and worth as an asset of the nation and civilization was conditioned and often rendered morbid. The cause of their affliction was an utter mystery to their physicians. No explanation explained, and no cure cured. Dr. Gould has gone into the "why" of this very thoroughly, and the conclusion reached by him, from logic and from a careful summary of the clinical symptoms, is that each of the writers suffered from eye-strain, and that scientific correction of their ametropia would have transformed their lives of mystery into lives of happiness. A history of the discovery of astigmatism and eye-strain, with a discussion of its indications and responsibilities, completes the work. It is interestingly written, and will undoubtedly meet with a ready sale among medical men and those interested in the works and lives of the quintette of great writers.

**The 1904 Session of the American Institute of Homœopathy.**  
—The present by-laws of the Institute require that all invitations for the Institute to meet in annual session must be forwarded to the Secretary of the association, accompanied by clear and specific statements as to the ability of

such places to provide for the entertainment of our national society. Such invitations should be received not later than April 1st of each year. In accordance with this by-law, the Secretary, Dr. Charles Gatchell, now solicits invitations for the 1904 session. The Executive Committee will then investigate the facilities of the places sending invitations, and report on the same at the annual meeting, to be held in Boston during June next.

**The Thirty-ninth Session of the Homœopathic Medical Society of the State of Pennsylvania** will convene at Scranton during the latter part of September, 1903. The outlook for an unusually successful meeting is very bright, the papers already promised being of particular interest and importance to the homœopathic profession. The homœopaths of Scranton are making elaborate preparations for the entertainment of the State Society, and many unique social features are promised. It is the duty of every homœopathic physician in the State to join the State Society. The Homœopathic State Society belongs to the entire homœopathic profession of Pennsylvania. They should be united and unanimous in their support of it.

**Pennsylvania Medical Examiners.**—Governor Pennypacker's nominations, promptly approved by the Legislature, are as follows:

Board of Medical Examiners representing the Eclectic Medical Society of Pennsylvania—C. M. Ewing, Tyrone; L. P. O'Neale, Mechanicsburg; C. L. Johnstonbaugh, West Bethlehem.

Board of Medical Examiners representing the Homœopathic Society of Pennsylvania—C. S. Middleton, Philadelphia; Gustave A. Mueller, Allegheny; John J. Detwiler, Easton.

Board of Medical Examiners representing the Medical Society of Pennsylvania—Henry Beates, Jr., Philadelphia; Hiram S. McConnell, New Brighton; R. W. Ramsey, Chambersburg.

**The Philadelphia County Homœopathic Medical Society** met on Thursday evening, February 12th, in the amphitheatre of the Hahnemann Hospital. The evening was devoted to the clinical study of nervous diseases, a large number of typical cases illustrating almost every characteristic phase of nervous disease being presented and demonstrated by Dr. John J. Tuller. A large audience was present, and all were delighted with Dr. Tuller's masterly presentation of his subject.

**An Act Making an Appropriation to the Hospital Department of the Hahnemann Medical College and Hospital of Philadelphia.**—The following bill has been introduced to the Legislature by Mr. Gallagher, of Philadelphia:

**SECTION 1.**—Be it enacted, etc., That the sum of two hundred and fifty thousand dollars (\$250,000), or so much thereof as may be necessary, be and the same is hereby specifically appropriated to the Hospital Department of the Hahnemann Medical College and Hospital of Philadelphia, for the two fiscal years beginning June 1st, one thousand nine hundred and three, and for the following purposes, viz.:

For the purpose of maintenance, the sum of eighty thousand dollars (\$80,000), or so much thereof as may be necessary.

For the purpose of erecting a Maternity Building on the lot adjoining said Hospital on Fifteenth Street, and owned by it, the sum of fifty thousand dollars (\$50,000), or so much thereof as may be necessary.

For the purpose of erecting a Dispensary Building on another lot adjoining the property of the said Corporation, fronting on Broad Street, and now owned by it, the sum of fifty thousand dollars (\$50,000), or so much thereof as may be necessary.

For the enlargement and renovation of the present Hospital Buildings and the construction of a heat and power house, the sum of seventy thousand dollars (\$70,000), or so much thereof as may be necessary.

Every graduate and every friend of "Old Hahnemann" in Pennsylvania should speak or write to his local representative in the Legislature and secure the latter's co-operation in the passage of this bill. Though the reports of the State Board of Public Charities show that Hahnemann Hospital annually cares for as many patients as any two of the other medical teaching institutions combined, the latter have always fared far better in the matter of State aid. It is hoped that this year the generosity of the State will enable Philadelphia's great hospital to cope yet more successfully with the ever-increasing demands upon its charity.

**The Philadelphia Medical and Surgical Society**, at its monthly meeting in the Professional Building, on the evening of February 18th, enjoyed an admirable demonstration of the therapeutic uses of the X-rays, by Dr. E. M. Gramm.

**The Hahnemann Dance.**—The annual dance of the students of the Hahnemann Medical College of Philadelphia, held under the auspices of the Hahnemannian Institute, took place in the New Century Drawing Room on the evening of February 6th. The assemblage was large and the function was a great success, both socially and financially. The committee in charge consisted of Messrs. J. Herbert Ervin, *Chairman*; Irving M. Hoffman, *Treasurer*; N. Fuller Hoffman, Benjamin B. Fenimore, H. S. Ware Hardwicke and John A. MacMillan.

**Obituary.**—John Newton Lowe, M.D., the oldest practicing physician in Milford, N. J., died on January 5, 1903. Dr. Lowe was born in Clinton township in August, 1824, and his early life was spent in and about Flemington, N. J. In 1862 he was graduated from the Medical Department of the University of the City of New York, and in the following year he entered upon practice in Titusville, N. J. In 1865 he became a convert to homœopathy, and the balance of his life was devoted to the practice of that system of medicine. In 1870 he removed to Milford, N. J., and there established a lucrative practice. He was a member of the American Institute of Homœopathy, the International Hahnemannian Association, the New Jersey State Homœopathic Medical Society, and the Lehigh Valley Homœopathic Medical Society.

Cyrus Allen, M.D., of Avon, New York, died on January 14th, aged 65 years. He was graduated from the New York Homœopathic Medical College in 1864, and a year later received a degree from the Berkshire Medical College, Pittsfield, Mass.

Samuel E. Burchfield, M.D., of Latrobe, Pa., died on January 21st, aged 48 years. He was graduated from the Homœopathic Medical College of the University of Michigan in 1881.

George N. Gage, M.D., died in East Washington, New Hampshire, on January 10th, aged 51 years. He was graduated from the Boston University School of Medicine in 1877.

Franklin A. Gardner, M.D., of Washington, D. C., one of the most distinguished of Capital physicians, died on February 13th, aged 45 years. A full obituary notice will be found elsewhere in this number.

William W. Misner, M.D., a graduate of the Hahnemann Medical College of Chicago in the year 1883, died at Tacoma, Washington, on January 3d, aged 48 years.

G. E. Watson, M.D., of Conneaut, Ohio, a graduate of the Cleveland Homœopathic Medical College in 1898, died on January 18th, aged 27 years.



Gertrude R. Woodworth, M.D., of Chicago, a graduate in 1897 of the Hahnemann Medical College of that city, died on February 10th, aged 65 years.

**Married.**—Dr. Lemuel E. Davies, H. M. C., '96, Windber, Pa., to Miss Julia M. Blake, of Phillipsburg, N. J., Oct. 27, 1902, at the home of the bride's uncle, Rev. Wesley Martin, 35 Clay Street, Newark, N. J.

Dr. Arthur Hartley, to Harriet L. Brierly, on Wednesday, Nov. 26, 1902, at 2101 W. Susquehanna Avenue, Philadelphia.

**Personals.**—Dr. Charles H. Walter, Hahnemann, '94, was a few months ago appointed a member of the Board of Education of San José, Cal., and recently was appointed Physician-in-Charge of the Children's Home in that city.

Dr. J. Russell Bibighaus has opened an office at 1922 N. 31st Street, Philadelphia. Hours: until 10 A.M.; 6 to 8 P.M.

Dr. Royal S. Copeland, of the homœopathic department, University of Michigan, read a paper, entitled "Nasal Occlusion and Septal Deviation in their Relation to Antral Development and Facial Expression," before the American Society of Orthodontists, at the convention held in Philadelphia during the early part of October.

Dr. Thomas S. Dedrick, after successfully braving the perils of Arctic exploration, on his return to this city fell victim to appendicitis. He was operated by Dr. C. V. Vischer at St. Luke's Hospital, and has now completely recovered.

Dr. Gilbert Fitz-Patrick, of Chicago, spent the summer in Dublin, Ireland, doing obstetrical work in the hospital there. Dr. Fitz-Patrick is now in the obstetrical department of the Chicago Homœopathic College.

Dr. J. Nicholas Mitchell, of Philadelphia, has been appointed by Governor Pennypacker to be a member of the Board of Public Charities, vice Dr. G. I. McLeod, resigned.

Dr. Alfred M. Moore (Hahn., '02) is located at 16 and 17 Nevada Building, Denver, Colorado.

Dr. I. E. Morris, of Fort Wayne, Ind., has removed to 1923 Calhoun Street.

Dr. Charles M. Rhodes, H. M. C., '02, has located at 214 North Sixth Street, Harrisburg, Pa.

Dr. H. H. Rhodes, H. M. C., has located at Middletown, Pa.

Dr. J. H. Sandel has removed from 49 Centre Avenue, Plymouth, Pa., to 508 Ligonier Street, Latrobe, Pa. By this removal a desirable opening for a homœopathic physician is left at Plymouth, and anyone wishing to consider it should communicate with Dr. Sandel at Latrobe.

Dr. Howard S. Terry, late resident physician in the Hahnemann Hospital, has located in Phoenixville, Pa.

Dr. R. V. White is located at 212 South Main Avenue, Scranton, Pa.

Dr. Edward Henry Wolcott, of Rochester, N. Y., has been appointed by Governor Odell a member of the Board of Visitation for the Gowanda State Homœopathic Hospital. Dr. Wolcott was a member of the Board of Managers, 1896-1900, having been appointed by Levi P. Morton during the latter's term as Governor of New York State.

A Laboratory for Clinical Diagnosis has been established in Chicago for the benefit of homœopathic physicians wishing examinations made of urine, blood, sputum, curettements, tumors, etc. The staff is composed of Dr. Clifford Mitchell, urologist; Dr. Edgar G. Davis, bacteriologist; and Dr. Edward C. Streeter, pathologist. The office of the laboratory is in Suite 412, Bay State Building, 70 State Street, Chicago.

The Homœopathic Medical Society of Chester, Delaware and Montgomery Counties held its mid-winter meeting on February 10, 1903, at the Hotel Hanover, Philadelphia. The subject of "Bronchitis and its Complications" was presented by Dr. Clarence Bartlett, and all present took part in the discussion.

At the Last Meeting of the Homœopathic Medical Society of the County of Philadelphia, held February 12, 1903, the following resolution, introduced by Dr. Carmichael, was unanimously adopted, expressing the sentiments of the entire Society :

WHEREAS, A bill has been introduced into the House of Representatives and is now before the Judiciary Committee (known as the Ray bill) to prevent the practice of Osteopathy and Christian Science by any one who has not a certificate to practice medicine, under the act of 1893 ; and also,

Another bill (known as the Eaton bill) providing for the appointment of five examiners who shall be graduates of Colleges of Osteopathy, and before whom all candidates for the privilege of practicing Osteopathy shall appear to be examined,

*Therefore, be it Resolved*, By the Homœopathic Medical Society of the County of Philadelphia, the Judiciary Committee of the House of Representatives be urged to report favorably upon the first bill (known as the Ray bill) to prevent the practice of Osteopathy and Christian Science, etc., and to report against the second bill (known as the Eaton bill) for the appointment of five examiners, who shall be graduates of Colleges of Osteopathy, etc., for the following reasons :

Osteopathy and Christian Science (so called) are but special methods for the treatment of disease, and their underlying principles are now recognized and incorporated as parts of a general medical education. As special methods for the treatment of disease they must necessarily be limited in their application.

In order to cope with disease in all its forms a knowledge of medical science in its entirety is demanded, and the existing medical colleges in this State and in other States afford opportunities for obtaining such knowledge.

Osteopaths and Christian Scientists (so called) have not the facilities to offer by which such knowledge and such skill may be acquired. Indeed Christian Scientists openly repudiate all knowledge of medical science outside of their own limited ideas of the use of suggestive therapeutics or psychological healing.

The safety of the citizens of this Commonwealth therefore requires that Osteopathy and Christian Scientists be not allowed to practice their respective methods for the treatment of disease until they give evidence of such knowledge of general medicine and surgery in all its branches, as is required of other practitioners of the healing art in Pennsylvania.

**Resolution Unanimously Adopted by the Homœopathic Medical Society of Chester, Delaware and Montgomery Counties at Stated Meeting, Hotel Hanover, Philadelphia, February 10, 1903.**— WHEREAS, it is reported that the osteopaths and Christian scientists are endeavoring to have enacted a law by which they may be permitted to practice medicine legally in the State of Pennsylvania without being obliged to have their competency passed on by a State Board of Medical Examiners, be it

*Resolved*, by the Homœopathic Medical Society of Chester, Delaware and Montgomery Counties, in regular session assembled, that no one should be permitted to practice medicine who has not attended a full course in an accredited medical college and received the diploma of same, and whose knowledge of the fundamental branches of medicine is further attested by successfully passing the State Board of Medical Examiners.

Isaac Crowther,  
Secretary.

**Resolutions Concerning the Regulation of Osteopathy and Christian Science.**—WHEREAS, A bill has been introduced into the House of Representatives and is now before the Judiciary Committee (known as the Ray Bill), to prevent the practice of Osteopathy and Christian Science by any one who had not a certificate to practice medicine under the Act of 1893,

*Therefore be it Resolved*, by the A. R. Thomas Medical Club of Philadelphia, that the Judiciary Committee of the House of Representatives be urged to report favorably upon this bill for the following reasons:

Osteopathy and Christian Science (so-called) are but single methods for the treatment of disease, and their underlying principles are parts of a general medical education.

In order to cope with disease in its many forms, a knowledge of medical science in its entirety is demanded. The existing medical colleges in the State afford opportunities for obtaining such knowledge.

Osteopaths and Christian Scientists (so-called) have not the facilities to offer by which such knowledge and skill may be acquired as is necessary to make a well-grounded physician. The Christian Scientists, indeed, openly repudiate all knowledge of medical science outside of their own limited ideas of suggestive therapeutics.

The safety of the citizens of this Commonwealth, therefore, demands that Osteopaths and Christian Scientists be not allowed to practice their respective methods for the treatment of disease until they give evidence of such knowledge of general medicine and surgery in all its branches as is required of other practitioners of the healing art in Pennsylvania.

The above resolution, presented by T. H. Carmichael, M.D., was unanimously adopted at the meeting of the A. R. Thomas Medical Club, February 11, 1903.

**The Organon Medical Club, Chester, Pa.**—In view of the pending legislation before the Legislature of the State of Pennsylvania affecting the status of the osteopaths and so-called Christian scientists, the Organon Medical Club of Chester desires to enter its most earnest protest against any change in the medical laws of this State that would tend to lower the standards of medical education or lessen the thoroughness of the tests of professional competency.

The members of the Homœopathic School of Chester re-affirm the attitude of their school, that only those thoroughly trained in all the fundamental medical branches should be admitted to the practice of medicine.

The above resolution was unanimously adopted at the annual meeting of The Organon Club of Chester held on February 17, 1903.

D. P. Maddux,  
*Secretary.*

**The Raue Medical Club of Central Pennsylvania** held its twenty-fifth regular monthly meeting at the home of Dr. M. A. Wesner, Johnstown, Pa., on Tuesday, February 3, 1903.

The following members were present: Drs. Morrow, Baker, Blackburn, Taylor, Bohn, Hoy and Kessler, of Altoona, Pa., Dr. Wesner, of Johnstown, Dr. Pringle, of South Fork, and Dr. Palmer, of Hollidaysburg.

The regular order of business was transacted, after which a paper on neurasthenia was read by Dr. M. A. Wesner.

The paper was interesting and was illustrated by cases from the doctor's practice.

The discussion of the paper followed, and after that came adjournment.

The club was then feasted, after which we left for the railroad station to come home.

Daniel Bohn,  
*Secretary.*



**New York Letter.**—A regular meeting of the Academy of Pathological Science was held on Friday evening, January 23d, at the residence of Dr. George W. Roberts, 170 West 59th Street, with the following programme of subjects for discussion: Exostosis of Toe (specimen), Dr. E. Winton Brown; Pseudo-Hypertrophic Paralysis (living subject), Dr. N. H. Ives; Fibrinous Bronchitis (specimen of cast), Dr. H. G. Keith; 1. Aneurysm of Thoracic Aorta (specimen); 2. Chronic Interstitial Nephritis (specimen), Dr. G. F. Laidlaw; Fibrinous Bronchitis (specimen), Dr. R. R. Trotter; Two Cases of Nephrectomy (living subjects), Dr. E. G. Tuttle; Leukæmia, with microscopic slides, Dr. W. H. Van den Burg. Dr. A. B. Webster was elected to membership.

Dr. Samuel Barlow Moore has located at 140 West 80th Street. Hours, until 11 A.M., 6 to 7.30 P.M.; Sundays, until 10.30 A.M. Telephone, 4470 Riverside.

"The Use of Formalin," by Dr. Ostrom, was discussed by the Clinical Club at the regular meeting in February. Discussion opened by Dr. Lewis.

The regular meeting of the Homœopathic Medical Society of the County of New York was held in the chapter room of Carnegie Hall, on Thursday evening, February 12th. Drs. Josephine Howland, Wm. H. Newcomb, Arthur Palen Powelson and P. D. Riordan were elected to active membership. Drs. Joseph Hasbrouck, W. H. H. Bull and H. A. Newbold were elected to corresponding membership. Dr. William Francis Honan presented a paper, Tumor of the Sacrum; a case of appendicitis; discussion opened by Drs. W. H. Bishop and E. G. Tuttle. Dr. Josephine Howland presented a paper on Belladonna; discussion opened by Drs. Byron G. Clark and Thomas M. Dillingham.

Resolutions were adopted in relation to child labor, strongly endorsing the Child Labor Committee in its efforts to amend and extend laws so as more effectually to prevent child labor. Dr. Charles Ver Nooy, chairman, presented the resolutions in behalf of the Committee on Public Health.

Dr. Charles McDowell presented the following resolutions in regard to tenement house law:

WHEREAS, the lack of light and air is one of the most potent causes in the production of many diseases, especially of that scourge of the working people, tuberculosis;

WHEREAS, as results of the present tenement house law, hundreds of old tenements have been remodelled so as to give light and air to the occupants, and already five hundred new tenement houses have been built admitting light and air to every room;

WHEREAS, efforts are now being made so to amend the present excellent tenement house law as to undo the great benefits resulting to the health of the people; therefore, be it

*Resolved*, that the Homœopathic Medical Society of the County of New York urges the Legislature to make no changes in the tenement house law that will in any degree diminish the amount of light and air in such houses as will in any way weaken the beneficent force of the tenement house law as a promoter of the health, and therefore of the prosperity, of the working people.

The February meeting of the Materia Medica Society, at the residence of Dr. A. E. Austin, 17 East 66th Street, discussed the following: Aconite—Drs. C. C. Howard and A. E. Austin; Actea Racemosa—Drs. E. D. Simpson and W. S. Mills; Æsculus Hippoc.—Dr. Milton Powel; Agaricus—Drs. M. W. Van den Burg and J. P. Seward.

On Sunday afternoon, February 8th, a large audience assembled at the New York Homœopathic Medical College to witness the unveiling of the fine portraits of Hon. Roswell P. Flower, Prof. Timothy Field Allen, M.D., LL.D.,

and Prof. William Tod Helmuth, M.D., LL.D., which were painted by Charles Frederick Naegle, who presented the Flower portrait to the college. Addresses were made by the artist, Mr. Charles Frederick Naegle, Hon. Rufus H. Cowing, Mr. Anson Flower, Mr. Devoe, Prof. St. Clair Smith, and Prof. William Harvey King, Dean of the New York Homœopathic Medical College and Hospital.

John Hutchinson, M.D.

**Washington Letter.**—Dr. A. H. Taylor is rapidly improving from a protracted case of enteric fever, Dr. J. B. G. Custis being in attendance.

Mrs. W. G. Emery, wife of Dr. Emery, has been seriously ill with enteric fever, which is victimizing so many of Washington's population this season.

Dr. M. M. Moffitt, of Capitol Hill, has been confined to the house with the grip for a few days.

Dr. Robert M. O'Reilly, Surgeon-General of U. S. A., has been appointed by the President to represent the Army at the coming International Medical Congress, to be held in Madrid, Spain, in March.

**Medical School Inspection.**—An amendment to the bill providing for eleven medical school inspectors for the public schools of the District of Columbia, to be appointed by the District Board of Education, at a salary of \$500 per annum, has been introduced into the Senate. It provides that the inspectors must have had at least five years' practice in medicine in the District of Columbia, and are to be appointed after competitive examination.

**Army Surgeons' Examinations.**—Candidates for appointment in the Medical Corps of the Army will be examined in the Army Medical Board in Washington, April 20th, and each Monday thereafter so long as necessary. Full information as to methods of application, nature and scope of examination, etc., will be furnished by the Surgeon-General's office on request of those interested. Applicants from civil life are restricted in age to 29 years, and hospital training or professional experience in private practice is expected in all candidates. There are, at present, 35 vacancies to be filled.

**Health of the District.**—The report of the health office for the week ending January 28th shows the total number of deaths to have been 114, of which 69 were white and 45 negro. At the close of the week there were 148 cases of enteric fever, 13 of scarlet fever, 13 of diphtheria, and 7 of variola, under treatment.

**Hospital Appropriations.**—Senator Stewart has offered an amendment to the Sundry Civil bill appropriating \$100,000 for the reconstruction and completion of Providence Hospital. Senator Gallinger has offered an amendment to the District bill appropriating \$75,000 for the erection of an additional building to the Homœopathic Hospital. Senator Mason has offered an amendment to the same bill appropriating \$200,000 for the erection of new building to the Freeman's Hospital; 200 additional patients can thus be accommodated in this institution; and it further provides that Howard University shall furnish from its medical department a staff to serve gratuitously.

Macpherson Crichton, M.D.

**Rochester News.**—The Health Department of Rochester is to be congratulated upon the present satisfactory outlook concerning small-pox, there being less than thirty patients isolated at Hope Hospital at the present writing, as against over two hundred and fifty cases quarantined less than two months ago. There are no cases quarantined outside of the hospital. The city has twice been thoroughly canvassed by vaccine physicians, and probably not more than one tenth of the city's population is at present unvaccinated. The outlook for an early stamping-out of the epidemic is considered excellent, unless new centres of infection arise.



At the last sitting of the grand jury charges were made against the Common Council and the Health Department as to the management of the epidemic. It was held that conditions at Hope Hospital were decidedly unsatisfactory as to treatment of patients and the unsanitary condition of the buildings and surroundings. The findings of the grand jury aroused the Common Council to action, and a committee from that body began an investigation of the Health Department methods. Any patients or others who wished to testify as to their treatment or other matters pertaining to the epidemic were urgently requested to appear. The Health Officer immediately sought counsel of his attorney, and prepared affidavits which large numbers of patients signed. The affidavits expressed perfect satisfaction of the treatment accorded patients as to attendance of doctors, nurses and help, and as to proper food, clothing and shelter while at the contagion hospital. A mass of conflicting testimony has been sworn to by the scores of persons who have volunteered or been subpoenaed as witnesses. The investigation is going on at the present writing, and commands the attention of most of the reading public. The newspapers appear with columns of news under startling headlines. Considerable feeling has been aroused by the doubtless much exaggerated stories of alleged ill-treatment.

The annual meeting of the medical and surgical staff of the Rochester Homœopathic Hospital was held at the home of Dr. E. J. Bissell, on Buckingham Street, Tuesday evening, February 3, 1903. Dr. C. R. Sumner was elected President, Dr. E. J. Bissell Vice-President, and Dr. H. W. Hoyt Secretary and Treasurer.

Dr. Thomas Parsons, who had previously been Assistant Ophthalmologist, was appointed to serve as Ophthalmologist with Dr. E. J. Bissell. Dr. H. G. Shepard was appointed Assistant Surgeon, and Drs. William Perrin and Frank T. Bascom were appointed Dispensary Physicians to fill the vacancies caused by the resignations of Drs. H. A. Anderson and F. R. Smith.

At the annual meeting of the Monroe County Homœopathic Medical Society, held at the Rochester Homœopathic Hospital, January 20, 1903, the following officers were elected for the ensuing year: *President*, Dr. W. S. Rambo; *Vice-President*, Dr. L. L. Button; *Secretary and Treasurer*, Dr. L. J. Sanders; *Censors*, Drs. E. H. Wolcott, Thomas Parsons, and W. W. Winans. The "Medical and Surgical Treatment of Neuralgia" was the subject of an interesting paper presented by Dr. M. E. Graham. A summary of the drug proving carried on by the Monroe County Society Proving Club was given by Dr. W. W. Winans, and Drs. E. H. Wolcott and H. W. Hoyt spoke enthusiastically of the methods and outlook of drug proving by the Club. "Medical Truth" was the subject of an able paper given by the retiring President of the Society, Dr. Wm. H. Doane, of Pittsford.

The annual meeting of the Corporation of the Rochester Homœopathic Hospital was held Wednesday afternoon, January 21, 1903, in the administration building of the hospital. The meeting was a large and interesting one, and the reports were enthusiastically received by all present. The Treasurer's report showed a balance on hand of \$1795.49. The total number of patients treated was 1653, 7 more than last year. The total mortality, less moribund cases, was 4.65 per cent., as against 5.1 per cent. of the previous year.

Drs. W. A. Keegan and J. M. Lee, of Rochester, were recommended by the State Society as members of the Homœopathic State Examining Board of Regents.

Dr. Warren C. Daly, N. Y. H. M. C. and H., '01, succeeded Dr. Wm. Perrin as interne to the Rochester Homœopathic Hospital, October 15, 1902. The service is sixteen months.



Dr. Robert M. Schley, of Hahnemann, Philadelphia, '02, after serving a six months' internship at the Gowanda State Homœopathic Hospital, succeeded Dr. Frank T. Bascom as interne to the Rochester Homœopathic Hospital, February 15, 1903.

Dr. William Perrin, N. Y. H. M. C. and H., '01, has taken up his practice at 588 West Avenue, Rochester, N. Y.

Dr. Frank T. Bascom, Hahnemann, Philadelphia, '01, has opened offices at 67 South Fitzhugh Street, Rochester, N. Y.

William W. Winans, M.D.

**Rochester Homœopathic Hospital.**—A competitive examination for internes of the Rochester Homœopathic Hospital will be held in Rochester on the third Saturday of March, 1903. Candidates will please report at the Hospital, 224 Alexander Street, at 10 A.M. The term of service will be sixteen months. There will be three vacancies, one each on June 15th, October 15th and February 15th. Address all correspondence to Herbert W. Hoyt, M.D., Secretary of the Staff of the Rochester Homœopathic Hospital, 75 S. Fitzhugh Street.

**For Sale.**—A Physician's residence, including a practice of \$3000 yearly. Established twenty-three years. A fourteen-room house in northern-central part of Philadelphia, with large and nicely-situated offices. Reasons for selling, desire to retire from practice. Address A. B., Office of the *HAHNEMANNIAN MONTHLY*.

**W. B. Saunders & Company** desire to announce to the profession that they have established a branch of their business in New York. For this purpose they have secured a suite of rooms in the Fuller Building, centrally located and easily accessible from all parts of the city. Dr. Reed B. Granger, for many years managing editor of the *New York Medical Journal*, together with a representative who is thoroughly familiar with the methods of the Philadelphia house, will be connected with this new branch; and Mr. W. B. Saunders personally will divide his time between New York and Philadelphia. It is the intention to apply to this New York office the same systematic business methods that have proved so successful in the conduct of the Philadelphia and London houses; and the firm confidently believe that through these three centres, aided by the many other agencies located throughout the country, and by an efficient corps of canvassers representing years of valuable experience, the demand for their publications will be greatly increased. The Fuller Building, erected on the triangular plot bounded by Broadway, Fifth Avenue, 22d and 23d Streets, is one of the oddest structures in the world, and, because of its peculiar shape, is known as the "Flatiron Building." From the offices, purposely located on the 17th floor, can be obtained an unobstructed panoramic view of the city. Physicians visiting New York are cordially invited to make these conveniently-appointed offices their headquarters, where they can receive and answer their correspondence, obtain an interesting panoramic view of the city from a most favorable point, and where they will always be courteously welcomed.

**Formalin Injections in Septicæmia.**—Dr. Henry Chandlee, of Baltimore, is, according to the daily papers, one of the first to make use of the formalin treatment for septicæmia. Mrs. William C. Marshall, of Baltimore, a daughter of Gen. Louis Wagner, President of the Third National Bank of Philadelphia, was given 650 cubic centimetres of a 1-5000 solution, and as a result the temperature dropped from 106.2° to 99° in nine hours. The patient was treated in the Barnard Sanatorium, Dr. Chandlee being assisted by the resident physicians, Drs. J. S. Barnard and Frank Hamblin.

# THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

APRIL, 1903.

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**Uricacidæmia; Its Causes, Effects and Treatment.** By Perry Dickie, M.D., Philadelphia: Boericke & Tafel. 1903. Price, \$1.00.

The reviewer confesses himself to be one of the number by whom the "uric acid diathesis is still considered a myth, as non-existing." To him and others our author says, with Romeo, "He jests at scars who never felt a wound." Our author believes that doubters will ultimately change their views. But we believe that the advocates of Haig's theories are becoming fewer each day. We ourselves were at one time numbered among them. At present, our position is well stated in the paper by Dr. Platt in the March number of the HAHNEMANNIAN MONTHLY.

We know that our position is not orthodox, and that the majority of the profession side with our author. As an attorney for the uric acid theory, his presentation of his case is both forcible and fascinating. That the cases in question are due to a toxæmia, we are convinced; that the measures suggested for the relief of the uric acid diathesis result in the amelioration of the symptoms of the patients, we also know. But that uric acid is the foundation of the trouble is doubtful. After all, whether we call a rose a rose or potato, its odor is ever sweet.

Dr. Dickie's style of writing is such that his reader follows his ideas with ease and pleasure. The publishers deserve credit for the good taste displayed in the mechanical execution of this brochure.

**Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition.** By Prof. Carl von Noorden, Physician-in-Chief to the City Hospital, Frankfurt-am-Main. Authorized American edition translated under the direction of Boardman Reed, M.D. Part II., Nephritis. New York: E. B. Treat & Co. 1903. Price, \$1.00.

Prof. von Noorden's handling of the subject of nephritis in the following pages is bold, original, and somewhat iconoclastic. Nothing is sacred to him but indubitably demonstrated truth. He has a way, too, of confirming or refuting alleged truths for himself, taking nothing for granted. This is the proper course in the determination of scientific questions.

The author has by actual experiments exploded the myth so long accepted that the light meats are safer than the dark ones in various diseases, including nephritis. He has questioned and gone far towards disproving the theory that milk is the best diet in all cases of nephritis. Indeed he has demonstrated that in many cases, certainly, the ingestion of fluids in this disease needs to be restricted rather than encouraged. In various other respects he has established for the treatment of the different forms of Bright's disease rules founded upon a critical scientific study of numerous cases, instead of the familiar directions handed down from an earlier period when clinical observations were less exact and pathological theories more nebulous than they are at present.

It is refreshing and invigorating to receive instruction from one so sure of his ground as Prof. von Noorden. He prescribes a therapy the effectiveness of which he has proved repeatedly, and other clinicians may safely follow his lead.

**Progressive Medicine.** A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., assisted by H. R. M. Landis, M.D. Vol. I. March, 1903. Surgery of the head, neck and chest—Infectious diseases, including acute rheumatism, croupous pneumonia and influenza—Diseases of children—Pathology—Laryngology and Rhinology—Otology. Lea Brothers & Co., Philadelphia and New York. 1903.

The current volume of "Progressive Medicine" presents its usual critical reviews, each by a recognized specialist, of the progress in various departments of medicine and surgery. Among the many interesting discussions is that of the surgery of heart wounds and of the surgical treatment of pulmonary tuberculosis. In connection with infectious diseases, our suddenly increased knowledge of the bacterial causes of diarrhœal troubles and rheumatism is noticeable. The section on pathology is remarkable for the fulness of its discussion of cytotoxins, agglutinins and precipitins, as compared with the comparatively meagre space devoted to pathological histology. It affords further evidence that physiological chemistry rather than morbid anatomy is to be the source of our knowledge in the immediate future.



**Biographic Clinics.**—The Origin of the Ill-Health of De Quincey, Carlyle, Darwin, Huxley and Browning. By George M. Gould, M.D., editor of *American Medicine*, author of "An Illustrated Dictionary of Medicine, Biology," etc., "Borderland Studies," "The Meaning and Method of Life," etc. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1903. Price, \$1.00 net.

The writings of Dr. Gould are always interesting, and never more so than in the present instance. In order to account for the ill-health which made wretched the lives of his quintette of great Englishmen, he has set down in chronological order their own complaints, occasionally reinforced by statements from their intimate associates, and in each case he is thus enabled to make certain generalizations, chief of which is the fact that on ceasing literary labors and leading an active life in the open air all the symptoms were ameliorated. Such an improvement, the author contends, is characteristic of the many reflex symptoms of eye-strain; *ergo*, eye-strain was in each case the cause of ill-health.

All this is very entertaining and quite plausible; but it must be confessed that it is not, to use the stock word of critics, convincing. Many symptoms, the exponents of diverse lesions, show a similar degree of amelioration when the patient puts aside his customary work and goes for a holiday in the open. Were Dr. Gould's logic admitted, with equal reason the followers of Haig might insist that each of the sufferers was a victim of the uric acid diathesis; and so in turn each *doctinaire* might uphold his own theory. We fancy, too, that the author reckons too lightly the eccentricities of genius, forgetting that genius is, in the words of Treves, "a neurosis, not yet classified." For our own part, we regard more seriously than does our author the repeated statement of Froude that Carlyle was a hypochondriac, and we are less disposed to take issue with Sir Richard Quain, his physician, who stated that "grey powder was his favorite remedy when he had that wretched dyspepsia to which he was subject, and which was fully accounted for by the fact that he was particularly fond of very nasty gingerbread. Many times I have seen him sitting in the chimney-corner smoking a clay pipe and eating this gingerbread." On the other hand, no physician of extensive experience can doubt that unrecognized eye-strain is accountable for an enormous amount of ill-health; and so, while our verdict as regards Dr. Gould's contentions must be the non-committal "not proven," we are, nevertheless, duly grateful to him for having written a very readable book, and at the same time called popular attention forcibly to the fact that there are few conditions of persistent ill-health that may not be due, in whole or in part, to neglected errors of refraction.

**Obstetrics.**—A Text-Book for the Use of Students and Practitioners. Edited by J. Whitridge Williams, Professor of Obstetrics, Johns Hopkins University; Obstetrician-in-Chief, Johns Hopkins Hospital; Gynæcologist to the Union Protestant Infirmary, Baltimore, Md. Published by D. Appleton & Co., New York and London. February, 1903.

It is with great pleasure that we hail the new works setting forth the latest in scientific investigations of such practical value to the general practitioner. The work contains 8 colored plates and 630 illustrations in the text. One's attention is especially attracted to the detail of the anatomy, both normal and pathological, including the microscopical. The histology deserves mention in itself. The diagrams are comprehensive, and not given in so much detail that one is lost while studying them. In many diagrams of this character we find so much crowded into one that there is confusion.

The illustrations of the normal labor are taken from actual experiences in deliveries effected with the patient on the back, and almost every phase of the subject has been accurately reported.

From the standpoint of the general practitioner, the work is to be looked upon as one which will be of service at the bedside, because of the thoroughness and practicability of the author's acquaintance and experience in operative obstetrics.

At the end of each chapter there is a classified bibliography, which, while not complete, contains such references as to enable one who so desires to readily refer to the original.

**The Surgical Diseases of the Genito-Urinary Organs.** By E. L. Keyes, A.M., M.D., LL.D., Consulting-Surgeon to the Bellevue and the Skin and Cancer Hospitals; Surgeon to St. Elizabeth Hospital; formerly Professor of Genito-Urinary Surgery, Syphilology and Dermatology at the Bellevue Hospital Medical College, etc., and E. L. Keyes, Jr., A.B., M.D., Ph.D., Lecturer on Genito-Urinary Surgery, New York Polyclinic Medical School; Surgeon to the Out-Patient Department, St. Vincent's Hospital; Physician to the Venereal Clinic, Out-Patient Department of the House of Relief of the New York Hospital, etc. A revision of Van Buren and Keyes's Text-Book. With one hundred and seventy-four illustrations in the text and ten plates, eight of which are colored. New York and London: D. Appleton & Co. 1903.

While this work is presented as a later edition of the text-book by Van Buren and Keyes, the changes presented are such as to make it practically a new one. The anatomical order followed in the two earlier editions has been abandoned. Venereal diseases, as such, having been shut out, it seems proper to relegate sexual and genital maladies to the second place, giving the surgical picture of urinary disorders the first and more prominent position. Just as syphilis has grown away from true genito-urinary surgery, so have all the sexual psychoses estranged themselves and sought shelter with the venereal specialist.

Gonorrhœa, however, is so intimately associated with the inflammatory disorders of the genito-urinary tract, both in its expression as an acute disease and in the wide-reaching influence of its sequelæ, that its consideration has been greatly amplified, and its course followed far beyond the genito-urinary system.

A conservative attitude has been adopted upon some important questions of surgical treatment, such, for instance, as ureteral catheterization.

The authors have furthermore adopted a classification of the inflammations of the posterior urethra, the bladder and kidney in the interest of clinical clearness; and while this may ultimately require modification, it avoids confusion and the multiplicity of descriptive detail.

No modification has been made in the treatment of hydrocele and varicocele. The simple methods originally advocated have been adhered to; but an attempt has been made to expound in a practical manner the pathogenesis of urethral stricture, extravasation of urine, and bacteriuria. The new surgical treatment of Bright's disease by stripping the kidney capsule receives no notice in the text since the evidence thus far accumulated is insufficient for trustworthy generalization.

The urine has been considered from the surgical, clinical standpoint; and urinary antisepsis not theoretically, but according to the dictates of common sense.

The bibliography has been arranged to suit the requirements of the advanced student. To this end original work has in some cases been neglected in favor of more comprehensive recent publications.

**Bacteria in Milk and Its Products.** Designed for the Use of Students in Dairying and for all Others Concerned in the Handling of Milk, Butter or Cheese. By H. W. Conn, Ph.D., Professor of Biology, Wesleyan Uni-

versity. Author of "Evolution of To-day," "Method of Evolution," "Agricultural Bacteriology," etc., etc. Forty-three Illustrations. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1903.

Successful dairying at the present depends, to a very large extent, upon skill in handling bacteria. It is impossible to meet the present conditions of the city milk-supply, of butter-making and cheese manufacture, without a knowledge of the relation of these microscopic organisms. Bacteriology has become, therefore, a necessary part of dairy courses. The subject is, however, equally important in other directions. The demonstrated connection between milk bacteria and distribution of certain diseases has brought the subject of bacteria of milk products forcibly to the attention of boards of health and sanitarians. To meet the needs of such persons and others interested in the handling of milk is the purpose of this work. Most of the facts given in the following pages have been published in scientific papers which have appeared in the last ten years. Some of them, however, are the result of personal investigations not as yet published. A list of the more important recent references to literature upon milk bacteria is given at the close of the text. Wherever it seemed to be necessary, references to this literature have been inserted in the body of the text.

In the last chapter are given the methods of bacteriological analysis in use at the present time; but, since some of these are admittedly unsatisfactory in certain respects, it is quite likely they may be replaced by better ones in the near future.

The growing appreciation of the necessity of bacteriological study of market milk has made it desirable to insert careful directions for laboratory work, even though recognizing that these may not remain the best methods of laboratory technique.

**Surgical Anatomy.** A Treatise on Human Anatomy in its Application to the Practice of Medicine and Surgery. By John B. Deaver, M.D., Surgeon-in-Chief to the German Hospital, Philadelphia. In three volumes, illustrated by 499 plates, nearly all drawn for this work from original dissections. Volume III.: Abdomen; Pelvic Cavity; Lymphatics of the Abdomen and Pelvis; Thorax; Lower Extremity. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1903.

The present volume completes this work, two volumes of which have been issued. Although the length of time required for its preparation is to be regretted, this has been justified by the complexity of the subjects treated. Dissection, illustration and description of the thoracic, abdominal and pelvic cavities present many difficulties not encountered in other parts.

Cadavers wholly suitable for clearly instructive illustrations are not easily obtained, and, under favorable conditions, perfect dissections are tedious and difficult. To show in the best manner what it has been desired to illustrate has required much planning and the utmost care in making the first sketches, and time in preparing the final drawings.

The increased number of plates and the corresponding enlargement of the text, particularly in this volume, have also added much to the work of preparation.

The book, as originally planned, was to contain two hundred plates. The present work contains nearly five hundred. The text has been subjected to constant revision, and much has been added, especially with reference to surgical procedure. It is believed that greater thoroughness secured by these additions will add much to the practical value of the work. In this revision and work of illustration, faithful and valued service has been rendered by Dr. R. F. Gerlach and Dr. J. Rex Hobensack.



**Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition.** By Carl von Noorden. Part III. Membranous Catarrh of the Intestines (*Colica Mucosa*). New York: E. B. Treat & Co. Price, 50 cents.

The English-speaking physicians of the world are to be congratulated upon the publication here, simultaneously with its appearance in Berlin, of Von Noorden's and Dapper's masterly exposition of the subject of membranous catarrh of the intestines. This is one of the diseases which every busy practitioner encounters frequently, and under the methods of treatment prevalent, until recently, was very difficult of cure. Our author traverses all these questions in a manner which is well-nigh exhaustive and almost convincing, since he is able to report a remarkably large proportion of cures obtained by the method which he recommends.

**Diseases of the Skin.** Their Description, Pathology, Diagnosis and Treatment, with Special Reference to the Skin Eruptions of Children, and Analysis of Fifteen Thousand Cases of Skin Disease. By H. Radcliffe-Crocker, M.D. (Lond.), F.R.C.P., Physician for Diseases of the Skin in University College Hospital; Honorary Member of the American Dermatological Association; Membre Correspondent Etranger la Societe Francaise de Dermatologie; Correspondierendes Mitglied der Wiener Dermatologischen Gesellschaft, etc., etc. Third edition, revised and enlarged. With four plates and one hundred and twelve illustrations. Philadelphia: P. Blakiston's Son & Co. 1903. Price, \$5.00 net.

In this, the third edition, it has been the author's endeavor to bring the work up to date. Many of the articles have been entirely rewritten, and all have been thoroughly revised, and often in great part recast; nevertheless the book has grown considerably, but such growth has been entirely on the clinical side. The original plan of the work has been preserved, so that the student can confine his attention to the most important features of the commonest diseases, while he can use it as a work of reference as his practical knowledge increases. A few of the names of the diseases have been changed from the last edition, such as *dermatitis herpetiformis* for *hydroa herpetiformis*, but such changes have been made almost entirely in the interests of uniformity of nomenclature.

The new articles introduced include: *Acrodermatitis Perstans*, *Persistent Balanitis*, *Cheilitis Exfoliativa*, *Erythema Serpens* and *Erysipeloid*, *Erythema Elevatum Diutinum*, "Gayle" in Man, *X-ray Dermatitis*, *Toxin Serum Eruptions*, *Bronzing of the Skin in Diabetes*, *Keratolysis Exfoliativa Congenita*, *Parakeratosis*, *Mal de Meleda*, *Lupus Marginatus*, *Granuloma Annulare*, *Granuloma Inguinale Tropicum*, *Granuloma Pyogenicum*, *Sarcoid*, *Mortimer's Malady*, *Pseudo-Xanthoma Elasticum*, *Leukæmia* and *Pseudo-Leukæmia Cutis*, *Chloroma*, *Endothelioma Capitis* and many others.

With the view of helping the author's coworkers, numerous references have been given, especially choosing those which best opened the literature of the subject. References are made to colored plates in the author's own Atlas, but where the particular form of disease was not illustrated there, attention has been drawn to good illustrations elsewhere. A colored plate of the principal syphilides has been introduced, as their diagnosis can be made from a sample of the eruption better than is the case with most non-specific eruptions where distribution generally plays so important a part. Two plates have also been given to the ringworm fungi, in accordance with the most modern views.

**The Light of China.** An Accurate Metrical Rendering. Translated directly from the Chinese text, and critically compared with the standard translations, the ancient and modern Chinese commentaries, and all accessi-

ble authorities. With Preface, Analytical Index, and full lists of important words and their radical significations. By I. W. Heysinger, M.A., M.D. Author of "Solar Energy," etc., etc. Research Publishing Co., Philadelphia. 1903. Price, \$1.25.

The tendency on the part of medical men to contribute to general literature is becoming more manifest year by year. Thus far but few members of our school have taken part in this work. It is with pleasure, therefore, that we welcome our Dr. Heysinger's contribution. The translation is of the Chinese classics. It is the basis of the Taoist religion, one of the three religions of China, and the one which the great philosophers of that empire adopted as their own.

### The Mattison Method in Morphinism.

TO THE EDITOR OF THE HAHNEMANNIAN MONTHLY:

Permit me to comment, briefly, on the review of my book in your February journal. Your reviewer said: "The main feature of the treatment is the administration of large doses (100 grains), morning and evening, of bromide of sodium."

I wish to say that these "large doses" are the *maximum* doses, at the *end of a ten days'* bromid-giving, the *initial* dose of which is 10 grains at 10 A.M. and 10 P.M.—the 12 hours' interval-taking keeping the blood steadily charged with the drug; and this half-scruple dose is daily increased 10 grs.—*i.e.*, 10, 20, 30, 40—till an acme of 70, 80, 90 or 100 grs., semi-daily, as the case may require, is reached.

Let it be clearly noted, as my book asserts, that the patient, as well as the disease, must be treated; that some cases are not eligible for the bromid treatment; that other cases may require it only 7, 8 or 9 days; and that, *in all cases*, the bromid must be used—as Opie said he mixed his colors—"with brains!"

So given, with the morphia gradually decreased during the bromid *régime*, and with the added aid cited in the book, it gives me full warrant, after large experience, compassing the care of many hundred cases, to assert it, in patients fitted for its use, "in advance of any mode of treatment yet presented, to secure two leading objects—minimum length of treatment and maximum freedom from pain."

J. B. Mattison, M.D.,

Med. Director Brooklyn Home for Narcotic Inebriates.

**Personals.**—Dr. Weston D. Bayley has removed to Room 1315, Pennsylvania Building, N. W. corner Chestnut and 15th Sts., Philadelphia. Hours: 9-11, morning; 6-8, evening, except Sundays. Telephones: Bell, 1-46-46; Keystone, Race 46-28 D. Residence telephone (Bell) Poplar 25-07. Nervous and mental diseases, X-ray and electro-therapeutics.

Dr. William W. Speakman has removed to 1307 Pennsylvania Building, N. W. cor. Chestnut and Fifteenth Streets, Philadelphia. Hours: 9 A.M. until 1 P.M. Afternoons by appointment. Monday and Thursday evenings, 6 until 8. Bell telephone. Eye, ear and throat exclusively.

Dr. S. B. Wakefield has removed to 340 West 57th Street, New York City.

Dr. John Le Seur, of Batavia, N. Y., whose speech was one of the features of the last annual dinner of the Alumni of "Old Hahnemann," is now president of the New York State Society.

Dr. George M. Cooper, of Philadelphia, who has been touring Europe, is ill with typhoid fever in a hospital at Naples.

Dr. Chas. W. Perkins, of the Metropolitan Hospital, N. Y., is a surgical patient in Hahnemann Hospital, Philadelphia.

Dr. James Clarke Logan, resident physician of the Pittsburg Homœopathic Hospital, has been spending a short vacation in Philadelphia.

The chair of Medicine in the Chicago Homœopathic Medical College this winter includes Drs. Clifford Mitchell, C. T. Hood, C. B. Walls, A. R. McDonald, S. P. Hedges, S. H. Aurand, E. G. Davis, and E. N. Nash. In mental and nervous diseases Drs. N. B. Delamater, and H. A. White give instruction, and in electro-therapeutics Drs. C. M. Neiswanger. Dr. F. S. Whitman lectures on insanity. Drs. G. L. Brooks and R. C. Mitchell are clinical assistants to the chair of Medicine.

Dr. Charles E. Meyers has removed from 4500 Baker Street to 170 Green Lane, Manayunk, Philadelphia.

Dr. Charles H. Harvey has removed to 1301 North 52d Street, corner Thompson.

**Obituary.**—George H. Gilbert, M.D., a graduate of the Cleveland Homœopathic Hospital College in 1874, died in Cleveland, Ohio, on February 9th.

Dr. Robert H. Romage, of Carnegie, Pa., died on February 15th, aged 61 years. Dr. Romage was a graduate of the Homœopathic Hospital College of Cleveland, O., in 1872.

The Chair of Pediatrics in the Chicago Homœopathic College, left vacant by the death of Dr. Robert N. Tooker, is now filled by Drs. Walter E. Frint, Mary E. Hanks and C. A. Weirick. The latter holds clinics in the Foundling's Home.

**New York Letter.**—Dr. Charles Deady, of 151 West 73d Street, entertained the Academy of Pathological Science on Friday evening, February 27th, at 8.30 o'clock. Subjects for discussion were presented according to the following programme: Dr. G. S. Harrington, (1) *Tænia Solium*; specimen; (2) Paper citing cases on the carbonate of creasote treatment in pneumonia. Dr. W. F. Homan, Further consideration on the formalin treatment for streptococcic infection. Dr. A. W. Palmer, Carcinoma of larynx with death from internal hæmorrhage; specimen. Dr. George Roberts, (1) Tuberculosis of knee-joint; specimen; (2) Gallstones removed by cholecystectomy. Dr. G. F. Laidlaw, (1) Aneurysm of thoracic aorta; specimen; (2) Chronic interstitial nephritis; specimen. Dr. G. deW. Hallett, Report of a case of acute glaucoma. Drs. B. Burt Sheldon, Carlos J. Miller and E. Wilton Brown were elected to membership.

Dr. James H. MacIvor has removed to 699 East 140th Street; Telephone, 802 Melrose.

Dr. Bukk G. Carleton and Miss Clarice Elizabeth Griffith were married on February 24th, and received numerous congratulations at the brilliant wedding reception given by the bride's mother, Mrs. Lucy Tate Griffith, at her home, 307 West 72d Street.

Dr. Charles Gatchell, of Chicago, gave a very interesting address to the Hahnemannian Society of the N. Y. H. M. C. & H. on the evening of March 4th, at the College. Other features of the evening's programme as provided by the students proved very enjoyable to the large audience present.

The Junior Class of the N. Y. H. M. C. & H. gave a ball at Tuxedo Hall in February.

The Homœopathic Medical Society of the County of New York held a regular meeting on the evening of March 12th, at Carnegie Hall. The following candidates were elected to active membership: Drs. Joseph Hoyt Beattie, Widmer Elijah Doremus, William Frank Fowler, Audley Vincent Quick, and Arthur Hays Richardson. Drs. H. F. Datesman (Passaic) and Christian H. Mersheimer (Jersey City) were elected to corresponding membership. Dr. John E. Wilson presented a paper entitled Typical Cases of the Anæsthesias of Hysteria, which was discussed by Drs. Wm. H. Van den Burg, E. D. Simp-



son, and others. Dr. George B. Rice, of Boston, addressed the Society on the "Clinical Significance of Certain Defects in Voice and Speech," presenting a practical and thoughtful paper, which was discussed by Drs. Teets and A. W. Palmer. Dr. G. F. Laidlaw explained very comprehensively the Bianchi-Smith Method of Outlining the Heart, and exhibited tracings with their corresponding specimens. A discussion followed by Drs. Van den Burg, W. S. Mills, and others. Dr. Edward Rushmore, of Plainfield, N. J., read a paper entitled "Philosophy of Homœopathy," and it was discussed by Drs. Hasbrouck, Rice, Austin, Howland and Moffat. Dr. H. M. Dearborn, for the Committee on Legislation, addressed the Society on the subject of the Regents' control of educational affairs, and offered a resolution in favor of augmenting the power of the Regents, which resolution was accepted and passed. Dr. Charles Ver Nooy, Chairman of the Committee on Public Health "On the Harlem Lake in Central Park," owing to the lateness of the hour, reported "Progress."

Dr. Irving Townsend, President of the County Society, entertained at his home some of his medical friends on March 11th, affording them an opportunity to meet Dr. George B. Rice, of Boston.

John Hutchinson, M.D.

**Washington Letter.**—The regular monthly meeting of the Washington Homœopathic Medical Society was held at the Arlington on February 3d. The meeting was well attended, and three good papers were presented on the subject of Bright's disease. The discussion which followed had a wide range, and was participated in by most of the members present.

The committee in charge of resolutions on the death of Dr. F. A. Gardner reported same, which were accepted by the Society and ordered engrossed and sent to the family of the deceased, also to be spread upon the minutes of the Society. A resolution was then offered, and adopted, that the President appoint a day to be "Memorial Day," in which appropriate exercises would be held in memory of the Society's dead.

**Additions to Homœopathic Hospital.**—Congress having recently appropriated fifty thousand dollars for the improvement of the National Homœopathic Hospital, it is the intention of the authorities of the same to raise as much more, if possible, and reconstruct the entire plant.

**Freedmen Hospital.**—This hospital received \$50,000 from the Sanitary Civil bill recently passed by Congress. Plans are being drawn, under the direction of the architect of the Treasury, for the erection of new hospital buildings to accommodate 300 patients, the cost being limited to \$300,000.

**Emergency Hospital Changes.**—Drs. John T. Dunn and W. Robert Perkins, both of Washington, became resident physicians to the Emergency Hospital, following results of competitive examinations recently held for the purpose of filling vacancies.

**Health of the District.**—The Health Officer reports for the week ending March 7th show total number of deaths to have been 135, of which 74 were white, 61 negro; number of births, 76--45 white, 31 negro. At close of the week there were 110 cases of typhoid fever, 12 scarlet fever, 6 diphtheria and 8 small-pox cases under treatment.

**New Hospital and School Opened.**—The new hospital and building for the Department of Medicine and Dentistry of the Columbian University was formally opened February 28th. The new hospital contains private rooms, medical and surgical wards, with their operating rooms, and a dispensary. The Medical building has four lecture halls, each having a seating capacity of 250-300, also laboratories for chemistry, pharmacy, histology, physiology, bacteriology, pathology and anatomy.

*New Naval Hospital*.—An amendment to the Naval Appropriation bill assigns the sum of \$125,000 for the erection and completion of new buildings for the U. S. Naval Hospital in Washington has been passed by Congress. The buildings will be placed upon the grounds belonging to the U. S. Naval Museum of Hygiene.

Macpherson Crichton, M.D.

**Wanted.**—By a physician who wishes to retire, a homœopathic physician with cash to purchase a home, with a practice established for twenty-six years in a large borough very near Philadelphia, with twenty surrounding towns. No better business opportunity could be offered. Address, "Physician," HAHNEMANNIAN MONTHLY BOX.

**Announcement.**—The Eighth Post-Graduate Course of Instruction in Official Surgery, by E. H. Pratt, M.D., will be held in the amphitheatre of the Chicago Homœopathic Medical College, corner Wood and York Streets, Chicago, Illinois, during the week beginning with May 4, 1903, having a four hours' daily session. Doctors invited to bring obstinate cases of every variety of chronic disease. For particulars, address E. H. Pratt, M.D., 100 State Street, Suite 1203, Chicago, Illinois.

**The Homœopathic Medical Society of the State of Pennsylvania.**—Preliminary Notice of the Thirty-Ninth Session.—*Dear Doctor:* The Thirty-Ninth Session of The Homœopathic Medical Society of the State of Pennsylvania will convene at Scranton, Penna., during the latter part of September, 1903.

We do not know whether this letter will fall into the hands of one of our members or not, as we are sending this preliminary notice to every homœopathic physician in the State. If you are not yet a member of the State Society, will you not join us at Scranton next September? The heartiest kind of a welcome awaits you if you will do this. And we could offer many cogent reasons why our State Society should embrace within its membership the name of every physician in the State who believes in the truth of the Homœopathic Law of Drug Selection. This will not be necessary. The fact being that every one recognizes how important it is that the physicians of the State should associate themselves in one Society for co-operative work, and really expects to join the Society some time. We ask every homœopathic physician in the State, who is not already a member, to postpone no longer than September, 1903.

Perhaps our Society has not yet reached its highest plane of excellence and usefulness as the representative homœopathic body of the State. Come and help us. Remember this is your duty.

If you are already a member, we ask for your continued support and for your hearty co-operation. We ask you also to be present at Scranton next September, to join in the discussions of the many valuable papers that will be presented to the Society.

We can also promise many enjoyable social features, for the Thirty-Ninth Session shall not be all work. The Lackawanna Homœopathic Medical Society expects to provide for the State Society a royal entertainment, including all who attend.

The Homœopathic State Society belongs to the entire homœopathic profession of Pennsylvania. They should be united and unanimous in their support of it.

Fraternally yours,

Edward M. Gramm, M.D.,

*Corresponding Secretary.*

Oliver Sloan Haines, M.D.,

*President.*

PHILADELPHIA, March 3, 1903.

The Homœopathic Medical Society of the County of Philadelphia held its regular monthly meeting in the Hahnemann Medical College on the evening of March 12th. A paper on "Large and Small Doses" was presented by Dr. E. M. Howard, and elicited a spirited discussion, in which Drs. Bigler, Bradford, Bayley, Carmichael, Christine, Dudley, Heysinger, James, Korndorfer, Mohr, Platt, Van Deusen and others took part. The proposed city homœopathic hospital was also discussed, and a committee was appointed to confer with the authorities.

The Germantown Homœopathic Medical Society held its monthly meeting at Mayer's, 709 Franklin Street, on the evening of March 16th. A paper by Dr. W. G. Steele, on "The Cause, Consequence and Cure of Chronic Constipation," elicited a spirited discussion.

The Philadelphia Medical and Surgical Society met in the Professional Building on the evening of March 18th, and listened to a clinical lecture by Dr. O. S. Haines.

The Eighth Annual Dinner of the William B. Van Lennep Clinical Club was served in the Hotel Bellevue, Philadelphia, on the evening of Tuesday, February 24th. Seated about the famous round-table, the club and its guests discussed an elaborate *menu* and listened to the following toasts, Dr. John J. Tuller acting as toastmaster :

"The Club."—Dr. D. Bushrod James.

"Extra Dry."—Dr. Gustav A. Van Lennep.

"The Baby Professor."—Dr. Theodore L. Chase.

"Birdy."—Dr. J. Wyllis Hassler.

"The Old Timer."—Dr. J. Nicholas Mitchell.

The guests of the evening were Dr. William B. Van Lennep, Dr. J. Nicholas Mitchell, Dr. Theodore L. Chase, Dr. Charles Brooks, Dr. J. Dean Elliott and Mr. F. W. Smith. The members present were Drs. Jacob E. Bellville, Frank C. Benson, G. Henry Bickley, Woodward D. Carter, William D. Culin, Arthur Hartley, Augustus Korndorfer, Jr., F. Mortimer Lawrence, Biddle R. Marsden, C. Sigmund Raue, John J. Tuller, Gustav A. Van Lennep, Harry S. Weaver, William A. Weaver and Bertrand K. Wilbur.

**Annual Reunion of the Alumni Association of the Hahnemann Medical College, Philadelphia, Thursday, May 14, 1903.**—The annual reunion and banquet of the Alumni Association of the Hahnemann Medical College, Philadelphia, will be held on Thursday, May 14, 1903.

The business meeting will convene at 4.30 P.M. in Alumni Hall, Hahnemann Medical College, Broad Street, above Race, Philadelphia, and the banquet will be held at 9.45 P.M. at the Hotel Walton, Broad and Locust Streets.

The Trustees and Faculty of the College extend a cordial invitation to all the members of the Alumni and their friends to attend the Fifty-fifth Annual Commencement, to be held on the same evening, at 8 o'clock, at the Academy of Music, S. W. corner Broad and Locust Streets, Philadelphia.

Banquet cards can be secured by notifying the Secretary. Requests received after Wednesday, May 13, 1903, cannot be considered.

W. D. Carter, M.D. '94, *Secretary*,

1311 South Broad Street, Philadelphia.

**A Homœopathic City Hospital for Philadelphia.**—At a recent meeting of the Philadelphia Councils, the following message from the Mayor was received :

*To the Presidents and Members of Select and Common Councils :*

GENTLEMEN: For more than three years past the homœopathic medical practitioners of this city have been asking recognition upon the Medical Boards



of the Philadelphia Hospital, so that those who prefer that method of treatment should be able to receive it.

Since the enactment of the ordinance removing the Municipal Hospital from Twenty-second Street and Lehigh Avenue, to the MacAllister Farm site, committees representing the homœopathic profession have waited upon me on several occasions with petitions, that upon the removal of this institution, the present Municipal Hospital buildings and grounds be turned over to them for a public Homœopathic Hospital for the treatment of non-contagious diseases, such as are now received into the Pennsylvania, Jefferson, the University, and other hospitals.

In compliance with this request, I have the honor to lay the suggestion before your honorable bodies, and would ask that you have it referred to the appropriate committee. Inasmuch as a very large proportion of our citizens believe in the homœopathic method of treatment, I am of the opinion that the suggestion merits the very best consideration at your hands, respectfully,

SAMUEL H. ASHBRIDGE,

*Mayor.*

In order to secure this delayed recognition of the homœopathic school, the County Society appointed the following committee: Drs. C. F. Middleton, C. H. Mohr, John E. James, Pemberton Dudley, William B. Van Lennep, O. S. Haines, W. D. Bayley, B. Frank Betts, John D. Boileau, James H. Closson, W. D. Carter, Joseph Guernsey, W. K. Ingersoll, Walter James, Charles W. Karsner, Augustus Korndœrfer, Sr., H. P. Leopold, J. N. Mitchell, Oliver Paxson, Louis P. Posey, Joseph Reeves, Van R. Tindall, William Trinkle, W. W. Van Baun and Carl Vischer.

A conference was held with the Council's Finance Committee on March 16th, and the claims of homœopathy for a place in the city hospitals was strongly urged. Inasmuch, however, as there is a rule of Councils which declares that after the first Thursday in March a bill cannot be reported unless by unanimous consent, it was decided to let the matter await action by the new Councils. In the meantime an active organization will continue the agitation.

In Philadelphia the members of the homœopathic school have been fighting for this recognition for forty years, without success. Once an ordinance attached to an appropriation bill passed Councils, which provided for the maintenance of one or more wards at the Philadelphia Hospital for the treatment of disease by the homœopathic method. The Department of Charities did not open the wards immediately, and the bill was subsequently annulled by a resolution. The present opportunity will not be lost without an energetic struggle.

**New York Homœopathic Medical College and Hospital Alumni Association.**—The annual reunion and banquet will be held at the Waldorf-Astoria, Fifth Avenue and 34th Street, New York, on the evening of Thursday, May 7, 1903. Prominent speakers will be at the dinner, and ladies may attend to hear the speeches. Dinner will be served at small tables, and those desiring to sit together should forward their names as soon as possible.

Walter Sands Mills,

*Corresponding Secretary.*

By an oversight, the review of the "American Text-Book of Obstetrics" in the March number failed to give credit for that handsome production to the publishers, Messrs. W. B. Saunders & Co.

Iron preparations spring up like mushrooms in a night. The one backed by clinical evidence in hospital practice is the old stand-by, Gude's Pepto-Mangan, which is the standard of known worth and which gives positive results.—*Medical News, N. Y.*

**Cook County Hospital Examinations.**—The examinations for position of interne in the Homœopathic Department of Cook County Hospital resulted in favor of the following applicants: Charles L. Sutherland, first place; E. L. Mason, R. L. Hatfield, and A. S. Beatty, second, third, and fourth places, respectively. All these successful candidates are members of the senior class of the Chicago Homœopathic Medical College. Dr. Charles L. Sutherland, who ranked first in the examinations, is a son of Dr. Q. O. Sutherland, of Janesville, Wisconsin. The position of first alternate was won by Dr. Wolpmann, of Hahnemann Medical College, Chicago; that of second alternate by Dr. A. C. Moorhead, Class of 1902, Chicago Homœopathic Medical College.

Dr. Gilbert Fitzpatrick, of the Obstetrical Department, Chicago Homœopathic Medical College, has been appointed to the Homœopathic staff of Cook County Hospital.

**A Conference on X-ray Therapy** will be one of the features of the Section of Neurology and Electro-Therapeutics at the Boston meeting of the A. I. H. It is hoped that physicians who use the X-rays in the treatment of cancer, etc., will be prepared to give, in from three to five minutes each, the salient features of their methods and the lessons they have learned from their work. X-ray therapy is still in its formative stage, and it is believed that this interchange of ideas and experiences will be of benefit to those interested in it. Physicians engaged in this work who look forward to being at Boston, are asked to send a postal card to that effect to the Chairman of the Conference, Dr. Hills Cole, Hartford, Conn.

**The Prophylaxis of Venereal Diseases.**—At the last meeting of the American Medical Association a committee, consisting of Dr. Henry D. Holton, Brattleboro, Vt.; Dr. Ludwig Weiss, New York; Dr. Geo. M. Kober, Washington; Dr. W. H. Sanders, Montgomery, Ala.; Dr. L. Duncan Bulkley, New York; and Dr. Frank H. Montgomery, Chicago, was appointed in order that they might stimulate study of the prophylaxis of these diseases, and plan for a national meeting similar to the International Conference, which meets this year in Brussels, under the auspices of the Belgian government. The peculiar social, racial and political conditions of our country are so different from those on the continent, that they necessitate an expression of solely American ideas on this mooted question. The committee desires the support of the medical profession in this work, and would be glad of personal correspondence from those supporting the movement, and will contribute by papers, etc., to make it a success in case such a congress is held. Dr. Ludwig Weiss, 77 East 91st Street, New York, is secretary of the committee.

**Will Philadelphia Physicians Congregate in Sky-Scrapers?**—For many years it has been the custom for physicians in western cities, notably in Chicago, to herd together in the great office buildings. The idea had never been popular in the east until about five years ago, when the "Professional Building" was erected in Chestnut Street, Philadelphia, and at once became the headquarters of a number of well-known physicians. The latter, however, were almost all men devoted to specialties, rather than general medicine. Now the new "Pennsylvania Building," at the corner of 15th and Chestnut Streets, announces that its thirteenth floor will be devoted to physicians' and dentists' offices, and already several prominent physicians have secured quarters there. Their experiment will be watched with interest, and, should it succeed, it will not be surprising if a large number of physicians follow their example.



**A New Homœopathic Hospital for the Insane in Connecticut.**—The State of Connecticut is in need of another hospital for the insane, as the one at Middletown (Conn.) is sadly overcrowded. On the 12th instant there was a hearing before the Committee on Humane Institutions, of a number of homœopathic physicians by whom it was urged that another such institution be erected and placed in the hands of homœopaths. Dr. Edward Beecher Hooker, of Hartford; Judge Lucius Brown, of Norwich; Dr. N. Emmons Paine, of West Newton, Mass.; Dr. C. Spencer Kinney, of Easton, Penn.; Mr. Gilbert, one of the Board of Managers at Middletown, Conn., and others spoke in favor of the bill. It is to be hoped that this meeting will result in the State giving the homœopaths the management of this much-needed institution.

Connecticut has several locations well worth considering by those who enter upon the practice of medicine in the course of a few weeks. Particulars can be obtained from the secretary of the State Society, Dr. Hills Cole, Hartford, Conn. There is also a good opening for a man with some surgical experience and a little capital.

**"There is Hope!"**—The apparent confusion by our reviewer of the name of one of the publishers of Dr. Douglas's "Pearls of Homœopathy" with that of "Prof." Munyon may have been a praiseworthy evidence of neighborly courtesy on his part, but it is hardly fair to Messrs. Boericke & Runyon. The latter, it is unnecessary to state, is an individual quite distinct from the purveyor of "Home Remedies." We trust that the distinction is obvious.

**Dust, Dirt and Germs.**—Your sick-rooms are best freed from dust, dirt and germs, if the sweeping is first done with a cloth-covered broom moistened with water containing just a little Platt's Chlorides. The furniture should be dusted with a cloth similarly moistened.

**Dr. Acken**, of New York, reports twenty-three cases of anæmia in which he exhibited Neoferrum, the New Iron, at the West Side Dispensary. His deliberate judgment is that this preparation far surpasses any of the various forms of iron and manganese on the market. Neoferrum, the New Iron, is prepared by The Maltine Company, which in itself is evidence that the latest advances in medicine, chemistry and pharmacy have been utilized.

**An Interesting Example from the Coast of Maine.**—A professional call up on the Maine coast in mid-winter at Ogonquit, York county, furnishes many delightful opportunities for enjoying some of the pleasures of a country doctor's life. On a case of ugly, persistent, nagging cough, in a case of broncho-pneumonia, I had the pleasure of suggesting glyco-heroin (Smith) to good advantage. The attending physician, Dr. J. W. Gordon, of Ogonquit, one of the able and busy medical men of Maine, related to me the details of a very aged patient who was almost dead from exhaustion with a case of irritable cough, due to chronic bronchitis, complicated by hiccoughs, that everything had failed to relieve. The glyco-heroin (Smith), in teaspoonful doses, relieved the cough and cured the hiccough magically and permanently; patient was soon able to take nourishment and is recovering rapidly.—From *The Medical Mirror*, March, 1903.

**Maintain the Standard of Medical Education!**—The Eaton bill, legalizing the practice of osteopathy after two years' course of study, should be antagonized, not because it legalizes osteopathy, but because it sweeps away at one stroke all the standards of medical education. If those anxious to practice osteopathy were willing, as are the graduates of the established schools, to



furnish evidence of adequate preliminary education and then to devote four years to the study of the fundamental branches and to pass uniform examinations, no one would question their claims to consideration, no matter what their therapeutic methods. The proposed law, however, provides for nothing of the sort, and it can be regarded only as an insidious attempt to overthrow the medical standards reared by years of effort. The joint committee representing the Homœopathic Medical Society of the State of Pennsylvania, and the Homœopathic Medical Society of the County of Philadelphia, composed of Drs. D. P. Maddux, C. S. Middleton and J. D. Boileau, has labored faithfully to bring the danger before the physicians of the State; and it is to be hoped that every practitioner will forcibly express to his own representatives in Senate and House his desire that no such demoralizing measure shall become a law.

"Archives of Pediatrics," published by Messrs. E. B. Treat & Co., of New York, entered upon its twentieth year of publication on January 1st. It is the oldest journal in the English language devoted exclusively to the diseases of infants and children; and the promise of its sponsors, that during the coming months it will maintain its reputation of containing "the best by the best," including contributions from the leading pediatricists of the world, will by its fulfillment render certain many more decades of prosperity for the journal.

**Another Attempt at Substitution.**—We are informed that preparations of liquid magnesia are being urged upon physicians and sold to the dispensing chemist under various titles. Many of these preparations are chemically unsafe, while others contain calcined magnesia, triturated or suspended by mucilaginous or glycerine solutions. Chalk and other earthy substances have also been found. The strongest claims made for their adoption is cheapness. Their administration, simply or in combination, is dangerous, certainly with infants, where concretions in the delicate intestinal tract are so readily formed.

It can hardly be deemed necessary to suggest that these products of unscrupulous manufacturers would not have appeared were it not for the esteem in which Milk of Magnesia (Phillips) has been held for so many years. Physicians should not be misled in this matter. In this instance, at least, "the best is the cheapest," and the "best" preparation of magnesia is Milk of Magnesia (Phillips).—*The Mass. Med. Journ.*, Nov., 1902.

**Prof. John Uri Lloyd's** famous satires, the first of which, "The Mother of Sam Hill's Wife's Sister," was published in the September *Criterion* (1901), are resumed in the January number with the fourth paper of the series, "Sam Hill, Sheriff of Knowlton, Kaintuck," and purport to be related by "Chinnie Bill Smith," the famous story-teller of "Stringtown on the Pike." These satires, written exclusively for the *Criterion*, will be illustrated by Martin Justice, whose character-studies are second to none in the magazine field. Prof. Lloyd's inimitable style and daring, yet kindly humor, will be a rare treat to *Criterion* readers. A deeper meaning will be read between the lines of these unusual papers by thoughtful minds. The next paper, "Why a Kentuckian Stands with His Back to the Stove; The Testing of Melinda," by Sam Hill, will appear in the March *Criterion*, and the remaining stories during the year 1903.

The productions of Flavells, 1005 Spring Garden Street, Philadelphia, Pa., manufacturers, are Elastic Stockings, Abdominal Supporters, Trusses, etc., which are offered to the Medical Profession direct. Their prompt attention to all orders and extensive facilities enable them to fill orders at once. If you have not used their goods, send a postal-card for their catalogue.

**Hueppe and Koch.**—The two schools of thought on questions bacteriological are well represented at present by the distinguished investigators Hueppe and Koch. Both men are deeply versed in bacteriology and physiological chemistry. Hueppe emphasizes the importance of the perfect health of the body-cell—and the special treatment of the body-cell as a means of frustrating the attacks of germ life. Koch emphasizes the importance of destroying entirely all germ life so that there will be no attack.

Of course both men are right. We must destroy all the germ life we can. But since a war of extermination of disease germs is impracticable at present, the physician finds a more profitable field for his exertions in preparing the body-cells to resist and throw off the attack of germ disease. It is no doubt by this sort of special preparation of the lung-cells that hypophosphites and cod-liver oil do so much to prevent the progress of the tubercular organism. Scott's Emulsion, containing both the cod-liver oil and the hypophosphites, is a good example of those therapeutic agents which bring immunity by reinforcing cell-life.

Many of the genito-urinary diseases, which have heretofore depended for a cure upon the different salts of lead, zinc, copper, or silver, now yield permanently and promptly to S. H. Kennedy's Ext. of *Pinus Canadensis*. In all inflammatory processes in fact, whatever may be the stage of malady, this remedy acts successfully. Through its astringent properties it lessens the caliber of the arterioles, minute vessels and ducts, favorably influencing their secretions, and rapidly bringing about resolution. Even in rheumatism and in various other conditions requiring an external stimulating application, it is a very superior therapeutic agent, and internally it is an efficient remedy in pyrosis, acid stomach, colic, diarrhoea, and dysentery.

**Kasagra Better than the Best Remedies.**—Some time last summer, about August, I was called on a case of cholera infantum, child very much emaciated, a distended and painful abdomen, vomiting and purging, stools green, containing large quantities of mucus. Tried several remedies with little or no results. One day the child was ashen in color, with eyes set to the left. I thought it a case of die. I had used my best remedies, and had on my thinking cap as to what to do next. After returning home for medicine and a chance to read up a little, I came across a sample bottle of Kasagra. Now, being a homœopath, I thought that what was a laxative might prove beneficial in this case, so I ventured to try it in ten-drop doses every two hours, with the result that the child improved rapidly. Along with this I advised warm boric acid solution as an injection, washing out the bowels thoroughly three times a day. As this solution had been used previous to the administration of Kasagra, I give the latter the credit.

Dayton, O.

T. L. Laughlin, M.D.

**Common-Sense Tonic Medication.**—In *The Medical Examiner and Practitioner*, Dec., 1902, A. W. Duvall, of Philadelphia, presents a series of cases of malnutrition, with varying degrees of anæmia and neurasthenia, in which iron and other tonics failed, but prompt improvement followed the administration of Gray's Glycerine Tonic Compound. The author maintains that if the treatment of the various forms of anæmia, nervous exhaustion, and malnutrition—existing either independently or as a part of constitutional or organic diseases—are to be satisfactorily treated and prompt results expected, the old so-called tonics, of which iron, arsenic, strychnine, cod-liver oil, etc., are representatives, must be supplanted by measures which are not only rational and scientific, but which have the approval of extensive and critical clinical experience. Gray's Tonic is an example of such an agent.

# THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

MAY, 1903.

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**Diseases of the Heart and Arterial System.** Designed to be a practical presentation of the subject for the use of students and practitioners of medicine. By Robert H. Babcock, A.M., M.D., Professor of Clinical Medicine and Diseases of the Chest, College of Physicians and Surgeons (Medical Department of the Illinois State University), Chicago; Attending Physician to Cook County Hospital and Cook County Hospital for Consumptives; Consulting Physician to Mary Thompson Hospital, etc. With three colored plates and one hundred and thirty-nine illustrations. New York: D. Appleton & Co. 1903. Price, \$6.00.



The appearance of a systematic treatise on diseases of the vascular system by an American author is a matter of considerable importance, for hitherto all similar works of any size or completeness have been of English origin.

In the preparation of this work the author has endeavored to present the subject in a simple practical fashion that would suit the need of the student and practitioner of medicine. Theories and speculations have been omitted or given but scanty consideration in the belief that they tend to confuse the student. The anatomy and physiology of the circulatory organs have received only such notice as was thought necessary to a better understanding of the matter in hand, since an extended consideration of them was believed to be out of place in a work devoted to diseased conditions. Although aware that physical signs are properly a part of the symptomatology of disease and should be considered under that head, still the author thought it best to consider them separately for the sake of facilitating the knowledge of that most difficult subject, the diagnosis of cardiac disease. Special attention has been paid to treatment, and this part of the subject will be found far more detailed than is the case with most books dealing with diseases of the heart. It was hoped that by so doing the work might be given a more practical value to the general practitioner, although, of course, the author realized that he would lay himself open to adverse criticism, and could do but little more than lay down principles for management. The phraseology has been kept simple and free from needless technicalities, while in terminology an attempt has been made to employ the terms which are in most familiar use among American and English physicians.

**American Edition of Nothnagel's Practice—Diseases of the Pancreas, Diseases of the Suprarenal Capsules, and Diseases of the Liver.** By Dr. L. Oser, of Vienna; Dr. E. Neusser, of Vienna; and Drs. H. Quincke and G. Hoppe-Seyler, of Kiel. The entire volume edited, with additions, by Frederick A. Packard, M.D., late Physician to the Pennsylvania and to the Children's Hospitals, Philadelphia; and Reginald H. Fitz, M.D., Hersey Professor of the Theory and Practice of Physic, Harvard University Medical School, Boston. Handsome octavo of 918 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Co., 1903. Cloth, \$5.00 net; half-morocco, \$6.00 net.

This book combines in one volume the sum of our knowledge concerning diseases of the pancreas, the suprarenal capsules and the liver. Any contribution on these subjects is of great interest to the profession, and these monographs, proceeding from such distinguished investigators, will be found of unusual importance. In the sections on the pancreas and the suprarenals, the numerous experiments upon animals cited will be of the greatest value to the pathologist, the clinician, and the pathologic anatomist, affording an insight into the more deep-seated processes, and offering an opportunity of comparing the disturbances of function produced by morbid conditions experimentally induced, with bedside and autopsy observations. In editing these sections, the editor has availed himself of the writings of Korte and Mayo Robson, especially the latter's important treatise on the etiology and treatment of chronic pancreatitis. An editorial addition to the section on the suprarenal capsules, which seems especially noteworthy, is the investigations and discoveries on the active principles and therapeutic properties of suprarenal extract.

The excellent article on the liver is as thorough and complete as those on the pancreas and suprarenals. Dr. Packard's careful clinical work, and his interest in the diseases of the liver mark him as the most suitable person to edit this

article. A survey of this work shows numerous critical additions, embodying the very latest contributions, besides expressions of his own views regarding subjects under discussion. He has devoted special care to diagnosis and treatment, including the surgical procedures that have recently found their place in this field. With these numerous editorial additions the articles are brought fully up to date, and have no equal in our language.

**American Edition of Nothnagel's Practice—Diseases of the Stomach.** By Dr. F. Riegel, of Giessen. Edited, with additions, by Charles G. Stockton, M.D., Professor of Medicine in the University of Buffalo. Handsome octavo volume of 435 pages, illustrated, including 6 full-page plates. Philadelphia, New York and London: W. B. Saunders & Co., 1903. Cloth, \$5.00 net; half-morocco, \$6.00 net.

This volume, like the others of this excellent practice, is thorough and complete. The importance of examining the stomach-contents in diagnosis, and the various methods of obtaining the contents and performing the examination are discussed with the accuracy and clearness that spring from wide experience. Full consideration is given to the hydrochloric acid question as a factor in the pathology of stomach diseases, the latest views having been incorporated by the editor. Particular attention has been accorded disturbances of motility and their influence in the disturbances of secretion. It is evident that careful study has been devoted to the subject of impairment of the absorptive powers, and the significance of gas-fermentation has been emphasized.

The eminent editor, a recognized authority on diseases of the stomach, has added to the already excellent German text his own extensive experience, bringing the work in accord with our present knowledge. We are confident that for scientific excellence and completeness, as well as for mechanical perfection, this work stands unrivaled.

**Harrington's Hygiene.** A Manual of Practical Hygiene for Students, Physicians and Health-Officers. By Charles Harrington, M.D., Assistant Professor of Hygiene in the Medical School of Harvard University. New (2d) edition, revised and enlarged. In one octavo volume of 755 pages, illustrated with 113 engravings and 12 full-page plates in colors and monochrome. Cloth, \$4.25 net. Lea Brothers & Co., Publishers, Philadelphia and New York.

The demand for a second edition of this work within a little more than a year from the appearance of the first is very satisfactory evidence of the appreciation which it has met. During the interval, research in the field of hygiene has been active and fruitful, and the results have been incorporated in the present edition. A chapter on "The Relation of Insects to Human Diseases" has been added. Many of the other chapters have been entirely rewritten to present the latest knowledge, and throughout the book will be found evidence of the searching revision to which it has been subjected.

The present century brings with it the generally accepted teaching that within the field of preventive medicine lie the greatest possibilities for future success in the reduction of disease prevalence. It is, therefore, an important duty which every practitioner owes to himself and to his patients, to render himself thoroughly conversant with the most up-to-date theories and practical ideas in this science. For this purpose we know of no book that is better adapted than "Harrington's Hygiene." In its pages the subject is considered thoroughly, clearly and in its most modern aspect. The work is so comprehensive, and at the same time so admirably simple, that it serves equally the needs of student, physician, health-officer and scientific sanitarian.



**The Elements of Pathological Anatomy and Histology for Students.** By Walter Sydney Lazarus-Barlow, B.A., B.C., M.D. (Camb.), F.R.C.P. (Lon.). Pathologist and Lecturer on Pathology at the Westminster Hospital; author of "A Manual of General Pathology." Philadelphia: P. Blakiston's Son & Co., 1903.

In placing this book before the elementary student, the author has tried to give him rather an insight into main types of pathological change than a description of numerous sub-varieties. This he has done in the belief that the teaching of principles governing variations is of more use, particularly in pathology, than the teaching of the names and appearances of numerous sub-varieties themselves.

The present volume is supplementary to the author's general "Pathology," with which the subject-matter presented does not conflict.

All the illustrations have been drawn from nature under the author's immediate supervision. Photography has not been used in making the microscopical illustrations, because the interpretation of micro-photographs needs special training, which the student has not yet had. On the other hand, the drawings have been made by a non-medical artist, so that they represent faithfully the appearances seen by the elementary student when looking down the microscope, and are not semi-diagrammatic. The lack of resemblance between most drawings in text-books and corresponding sections given in class seems so great to students that the illustrations are often more of a hindrance than a help.

**The International Medical Annual.** A Yearbook of Treatment and Practitioners' Index. 1903. Twenty-first year. New York: E. B. Treat & Co. Price, \$3.00.

With this issue the *Medical Annual* reaches its twenty-first year. The publishers have reason for self-congratulation that those who were most concerned in bringing it into existence, and who nursed it through its period of adolescence, have been spared to witness its healthy maturity, and that the enthusiasm which led them to start the work so many years ago has extended among a wide circle of readers.

No change has been made in the original plan of the work. It is still a single volume reflecting the knowledge of the year. With this issue the editor gives a general summary of the year's work, so that an idea of the general trend of opinion may be more quickly attained.

**A Laboratory Text-Book of Embryology.** By Charles Sedgwick Minot, LL.D. (Yale), D.Sc. (Oxford). Professor of Histology and Human Embryology in the Harvard Medical School. With 218 illustrations, chiefly original. Philadelphia: P. Blakiston's Son & Co., 1903. Price, \$4.50 net.

This volume is intended primarily for the use of students taking a practical laboratory course in embryology. The author's experience has led him to believe that the study of carefully-selected sections of embryos, accompanied by directions and explanations of the significant structures in each section, offers many advantages. This conviction has determined the arrangement of this work. Attention is given chiefly to such points as serve to explain adult anatomical relations, to illustrate general biological principles, and to afford insight into pathological processes.

**Practical Points in Nursing.** For Nurses in Private Practice. With an Appendix containing Rules for Feeding the Sick; Recipes for Invalid Food and Beverages; Weights and Measures; Dose List; and a full Glossary of Medical Terms and Nursing Treatment. By Emily A. M. Stoney, late Superintendent of the Training-School for Nurses, Carney Hospital, South



Boston, Mass. Third edition, thoroughly revised. Handsome 12mo. of 458 pages, fully illustrated, including 8 colored and half-tone plates. Philadelphia, New York, London: W. B. Saunders & Co., 1903. Cloth, \$1.75 net.

The continued and increasing popularity of this little volume has placed the publishers under the obligation of keeping it abreast of the times, of making it reflect the latest advances in the progressive profession of nursing. The revision has been extensive, every page showing evidences of careful scrutiny. Considerable portions of the work have been either amended, modified or amplified, in accordance with the progressive spirit of medicine and its indispensable handmaid, nursing. The sections treating of certain diseases, especially the infectious diseases, as well as the treatment of the common poisonings, have been in large part recast and rewritten. By the extensive revision the usefulness of the book has been greatly extended and its trustworthiness enhanced. There is no doubt that the work in its third revised form will maintain the popularity justly won by the earlier edition.

**Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition.** By Carl von Noorden. Authorized American Translation under the direction of Boardman Reed, M.D. Part I. Obesity. The Indications for Reduction Cures. New York: E. B. Treat & Co., 1903. Price, \$6.50.

In the series of monographs of which this volume is the first, these diseases are considered in a manner both scientific and practical. They are based upon exhaustive experiments and bedside observations, carried out during a period covering a number of years under the direction of one who is eminent both as a pathologist and as a clinician. In thus bringing together and arranging for the publication in convenient form of the scattered writings and reports of investigations by himself and pupils, Prof. von Noorden has rendered a real service to the profession in both hemispheres.

**The Care of the Baby.** A Manual for Mothers and Nurses, containing Practical Directions for the Management of Infancy and Childhood in Health and in Disease. By J. P. Crozer Griffith, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania; Physician to the Children's Hospital, Philadelphia. Third edition, thoroughly revised. Handsome 12mo. volume of 436 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Co., 1903. Cloth, \$1.50 net.

Dr. Griffith's manual on the care of the baby is without question the best work on the subject we have seen. The fact of a third edition being called for within such a short time is sufficient evidence of its popularity. In preparing this edition every part of the book has been carefully revised and brought fully in accord with the latest advances on the subject. Several new recipes have been included in the appendix, making this excellent part of the work even more complete than before. A large number of new illustrations have been added, greatly increasing the value of the book to mothers and nurses. As we mentioned above, of the many works on this important subject that have come to our desk, this is, undoubtedly, the best, distinguished by soundness of advice, conciseness of expression and clearness of style. Physicians could not perform a better service for their patients than the recommending of this excellent work to every mother.

**The Care and Feeding of Children.** By L. Emmett Holt, M.D., Professor of Diseases of Children in the College of Physicians and Surgeons. New York City. Third edition. D. Appleton & Co., 1903.

Although this little work is written for the use of mothers and children's

nurses, still, coming from the pen of Prof. Holt, no physician can afford to be ignorant of this great pediatricist's advice and opinion on an apparently commonplace subject. While nothing more than a catechism, it contains more information on such subjects as infant-feeding and the care of children to the square inch than any technical work the writer is acquainted with. It is not always wise to give a good thing away, but this is a "tip," and may well bring profit to those not yet acquainted with "The Care and Feeding of Children."

When running across anything said or written by Holt, it is well to remember that in pediatrics his dictum stands with that of Osler in clinical medicine and Welch in pathology. It is, indeed, a condescension for Prof. Holt to have written this humble, simple, little catechism, but that is but a sign of the author's true greatness.

We note a change in the method of feeding, a 10 per cent. and 7 per cent. top-milk being substituted for the 12 and 8 per cent. top-milks entering into the formulæ of the former editions. Personally, we have used the latter for some time, practically following Chapin's rule, that "the upper nine ounces from a bottle of milk that has stood long enough to allow the cream to rise contains three times as much fat as the whole milk contained, while the upper fourteen to fifteen ounces contain twice as much," and have found it a simple and convenient method. Dr. Holt may have excellent reasons for making the change, but this much is certain, no top-milk is ever exactly what we think it to be, and accurate percentage-feeding is as impossible as it is practically unnecessary.

The section on miscellaneous topics, such as the bowels, sleep, exercise, etc., is most interesting. Much new matter has been added, notably hints as to toys, training, growth and development.

**Obituary.**—WILLIAM M. GRIFFITH, M.D., died at his home, 1827 N. 17th Street, Philadelphia, on April 20, 1903. Dr. Griffith was born in Honeybrook, Chester Co., Pa., in 1850, was educated in Pennington Seminary, and received his medical degree from Hahnemann Medical College of Philadelphia in 1872. He established a lucrative practice in this city, and was actively engaged in professional work until suddenly stricken with the pneumonia which, in six days, terminated fatally. He was a member of the county and State societies and of the American Institute of Homœopathy. He was also a member of the Oxford Club, and, at its April meeting, held at his home, he presented a paper on "The Uses of the Materia Medica." Two of his brothers, Drs. L. B. and J. Q. Griffith, are practicing physicians in Philadelphia. In addition, he is survived by a widow and six children.

DR. SAMUEL G. GODSHALL died at Edge Hill, a suburb of Philadelphia, on April 4th, aged 42 years. Dr. Godshall was born in Philadelphia and educated at the Central High School, and was graduated as a physician from Hahnemann Medical College of Philadelphia in 1888. He was a member of the American Institute of Homœopathy, of the State society, the tri-county society, and the Twenty-third Ward Homœopathic Society; and of each of the two latter he was a former president.

DR. LEONARD KITTINGER, one of the most prominent physicians of Wilmington, Del., died at his home in that city on April 16th. Dr. Kittinger was born in Philadelphia, April 27, 1834, being the only son of Judge Henry Cress Kittinger and Ann Eliza (Dixey) Kittinger. The father of Judge Kittinger was a merchant of Philadelphia, and his grandfather was Dr. John Kittinger, who came to this country from Germany prior to the Revolutionary War. Judge Kittinger, after practicing law in Philadelphia for several years, removed to Trenton, N. J., where he became Judge of the Court of Common Pleas, and



served in that capacity for fifteen years. Subsequently he removed to Washington, D. C., where he died in 1879.

Dr. Leonard Kittinger was graduated from Princeton Academy, and afterward attended school at Edge Hill, N. J. In 1859 he entered the office of Dr. O. B. Gause, Professor of Obstetrics and Diseases of Women in the Homœopathic Medical College of Pennsylvania (now Hahnemann College), and was graduated as a physician in 1863. He settled first at Bordentown and afterwards at Flemington, N. J., but in 1866 he removed to Wilmington, and soon became a prominent figure in the professional circles. He was the first president of the Homœopathic Medical Society of Delaware State and Peninsula, and has been treasurer of that organization for the past ten years. He was president of the Board of Physicians of the Wilmington Homœopathic Hospital from its organization, and chief of the maternity department; and for many years he was physician to the Home for Aged Women. He was also a member of the American Institute of Homœopathy.

In May, 1859, Dr. Kittinger married Miss Emma Howell, only daughter of the Hon. Obadiah Howell, of Trenton, N. J. Of three sons of Dr. Kittinger, two, George Bachelder Kittinger, a banker of Seattle, Wash., and Leonard Armour Kittinger, a prominent physician of Wilmington, survive him. Two of his nephews, Dr. Harrison W. Howell, of Wilmington, and Dr. Frederick G. Howell, of Reading, Pa., are well-known homœopathic physicians.

DR. ALBERT E. GANGLOFF died at his home in Pittsburg, Pa., on March 12th, aged 25 years. He graduated from the Cleveland Homœopathic College in 1900.

DR. NORMAN H. GETTMAN died at his home, in Richfield Springs, N. Y., in March. He was a graduate of the Homœopathic Hospital College of Cleveland in 1854.

DR. JULIAN H. JONES died in Bradford, Vermont, on March 3d, æt. 64 years. He was a graduate of Hahnemann Medical College, Philadelphia, in the class of 1860.

DR. RUSSELL P. FAY, of Yonkers, N. Y., died on March 31st, at the age of 39. Since his graduation from the New York Homœopathic College in 1887, Dr. Fay had been an active and successful practitioner. To him was due the organization of the Yonkers Homœopathic and Maternity Hospital, of the staff of which he was a prominent member.

DR. HARRY A. NOYES, of Pittsfield, Mass., died at Asheville, N. C., on March 24th. He was a graduate of the Hahnemann Medical College of Chicago in 1891.

DR. JOHN STEIFEL died in Bucyrus, Ohio, on March 14th, at the age of 78. He was graduated from the Homœopathic Medical College of Missouri in 1887.

DR. JOHN M. DOUDS died in Beaver Falls, Pa., on March 17th, aged 60 years. He was graduated from the Homœopathic Hospital College of Cleveland in 1881.

DR. ROSCOE M. PARSONS, a graduate of the Chicago Homœopathic College in 1882, died in Traer, Iowa, on March 21st, aged 55 years.

DR. CHARLES W. ROBERTS died at his home in Scranton, Pa., on March 20th. Dr. Roberts received his medical degree from Hahnemann Medical College of Philadelphia in 1889, and since that time had built up a large practice in the city of his adoption. He was 55 years of age.

DR. AUGUST NEGENDANK, for many years an eminent physician of Wilmington, Del., died in that city on March 31, 1903. Dr. Negendank was born in Gustrow, Mecklenburg-Schwerin, Germany, in 1823, and was educated in the academy of his native city, and later began his professional education in Kiel. In 1849 he came to America and entered the office of Dr. Peterson and, at the



same time, pursued the course of the Philadelphia College of Medicine and Surgery, whence he was graduated in 1854. For two years he acted as assistant to Dr. Constantine Hering, and then entered upon practice in Wilmington, Del. In the medical affairs of that city he at once took a prominent part. He was instrumental in the organization of the Homœopathic Society of Delaware State and Peninsula, and took an active part in establishing the first, the homœopathic, hospital in Wilmington. He was elected physician-in-chief of the medical staff of that institution and dean of the hospital and training-school, positions which he retained up to the time of his death. He was physician to the Children's Home from the establishment of that institution until he resigned in 1901. He was also a member of the American Institute of Homœopathy and of the American Prover's Union.

Dr. Negendank was a member of a family of ancient lineage, the annals officially recorded at Rostock, extending back to the beginning of the 14th century. He came to this country impressed, as were many of his countrymen, with the ideals of republicanism. He early came into contact with the group of great men who were laying the solid foundations upon which the homœopathic school of the present day rests, and throughout his long career he was faithful to the methods of his early teachers. In 1856 he married Rebecca Snyder, and she, together with the following children, survive him: Thalia L. M. Merrell, of St. Louis, Mo.; Irene Taylor, Melita Sellers, Greta McGeorge, Bertha S. Negendank, Dr. Egmont T. Negendank and Gustav H. Negendank, of Wilmington.

**Personals.**—Dr. Frank H. Pritchard is now located at Colton, California, after passing the State Examining Board with the highest average of any of the 39 applicants.

Dr. James H. Thompson has removed to the Smith Block, corner Sixth Street and Liberty Avenue, Pittsburg. Hours, 11 to 4.

Dr. William Huntingdon Leonard, of Minneapolis, was tendered a banquet by the physicians of his city and the northwest generally on February 26th. On the occasion of the fiftieth anniversary of his entrance into practice, seventy-six physicians united in presenting him a loving-cup, and at the table were seated eighty physicians. Dr. Leonard was formerly a member of the old school, but became a homœopath. No question of schools entered into the celebration, however. Dr. Oscar K. Richardson presided as toastmaster, and responses to toasts were as follows: "The School Boy," Dr. Cyrus Northrop; "The Lover," Dr. Henry C. Aldrich; "The Soldier," Asa S. Wilcox; "The Justice," Harry M. Lufkin; "The Sixth Age," George E. Ricker; "The Last Scene," J. Davidson Lewis. Letters of congratulation were received from Samuel L. Clemens, Albert Hubbard and Henry Clay Barnabee.

Dr. Leonard was a pioneer physician in Minneapolis and a member of the first wholesale drug firm in that city. His services have included twenty-five years as member of the State Board of Health. He was the first member of the State Lunacy Commission, and was largely responsible for the establishment of the State Board of Charities. He was one of the organizers of the State Institute of Homœopathy, and for three years served as its president. His life has been one of enthusiastic devotion to the advancement of his profession.

Dr. Hills Cole, of Hartford, Conn., and New York City, is spending two months in his old home, London, Eng.

Dr. W. B. Roberts (Hahn., '01), of Minneapolis, who is spending some months in post-graduate work in surgery at Johns Hopkins Hospital, was a recent visitor to his alma mater.

Dr. C. C. Shepard (Hahn., '01), has located at Ord, Nebraska.

Dr. J. Russell Bibighaus has opened an office at Glenside, Pa. Dr. Bibighaus retains his connection with the Pathological Department of the Hahnemann Hospital Dispensary, however.

The Philadelphia County Homœopathic Medical Society, on the occasion of its April meeting, assembled in the amphitheatre of the Hahnemann Hospital and witnessed an admirable demonstration of skin diseases by Dr. E. M. Gramm.

The William B. Van Lennep Clinical Club was the guest of Dr. William B. Van Lennep at the Union League Club on the evening of Saturday, March 28, 1903. The occasion was the reading of the third annual essay, representing the work of one of the club's members in original research during the past year, and the essayist for this year was Dr. C. Sigmund Raue, whose notable contribution appears elsewhere in this journal. At the conclusion of the discussion an elaborate luncheon was served.

The Philadelphia Medical and Surgical Society held its regular monthly meeting in the Professional Building on the evening of April 15th. Dr. G. J. Palen presented an admirable clinical demonstration of chronic suppurative otitis media.

The Saturday Night Club of Microscopists held its regular monthly meeting on the evening of April 18th in the Histological Laboratory of the Hahnemann Medical College. The following cases were presented:

1. "Carcinoma of the Breast," Dr. J. C. Guernsey.
2. "A Case of Tubercular Peritonitis," Dr. T. J. Gramm.
3. "Multiple Placental Hæmorrhages in a Case of Eclampsia," Dr. A. Korndorfer, Jr.

Interesting clinical cases were presented by Drs. Tuller, Haines, Snader and Sappington.

The Germantown Homœopathic Medical Society held its monthly meeting on April 18th in Young's café, 855 North Broad Street. A paper was read by Dr. W. H. A. Fitz entitled, "Homœopathy—Whence? Whither? Why?" and elicited a very interesting discussion. The meeting was well attended.

**Osteopathy Defeated in Pennsylvania.**—The attempt of the osteopaths to obtain recognition of their right to practice after two years of study was defeated by the refusal of the Legislature to pass their bill. The defeat of the project is largely the result of the prompt action of the medical practitioners of the State. It is said that the presence of 24 physicians and 2 druggists in the House contributed not a little to the result.

**The Hahnemann Hospital Appropriation.**—By the action of the Legislature \$150,000 is granted to the Hahnemann Medical College and Hospital of Philadelphia, the greater portion of which will be available for the construction of the new buildings already planned. It is announced that a new dispensary building on Broad Street, a new clinical amphitheatre, and a nurse's home will be erected at once. In addition the present Clinical Hall will be remodeled for hospital purposes, giving more than 100 additional beds. The cost will approximate \$300,000.

**The Philadelphia City Homœopathic Hospital.**—The committee appointed by the county society is continuing its aggressive fight for the conversion of the present Municipal Hospital into a general hospital, in charge of the homœopathic school. Already conferences have been held with the new Mayor, Mr. Weaver, and the project will be pushed in the city Councils.



**New York Letter.**—At the Alumni dinner of the N. Y. H. M. C. & H., in May, at the Waldorf-Astoria, there will be class reunions of '78, '83, '88, '93, and '98.

Dr. William Clark McKnight has located at 219 West 135th Street; 10 to 12, 6.30 to 8, and Sundays 10 to 11; telephone, 546 Morning.

Dr. B. G. Clark, of 25 West 74th Street, announces a change in telephone call to 2854 Columbus.

Dr. Wm. M. van Zandt removed April 23d to 164 West 97th Street; 10 to 12, 5.30 to 6.30; telephone, 3987 Riverside.

A regular meeting of the Academy of Pathological Science was held on the evening of March 27th at the residence of Dr. Edward G. Tuttle, 61 West 51st Street. Subjects were presented as follows: Dr. F. E. Doughty, cancer of intestines; Dr. John Hutchinson, catarrhal gastritis (specimen); Dr. George W. Roberts, tuberculosis of knee-joint (specimen), gall-stones removed by cholecystectomy, cancer of uterus (specimen), extra-uterine pregnancy (specimen); discussion by Drs. Tuttle, Doughty, Sleight and others; Dr. Edward G. Tuttle, post-partum fibro-sarcoma of uterus (specimen); discussed by Dr. Ralph Stewart and others; Dr. Joseph H. Fobes presented a recent specimen of anencephalus. Candidates elected to membership were: Dr. Horace Bowen, Jersey City; Dr. F. W. Hallock, 134 West 65th Street; Dr. Roy Upham, Hahnemann Hospital.

The Homœopathic Medical Society of the County of New York met in the Chapter Room, Carnegie Hall, April 9th, President Irving Townsend, M.D., in the chair. The following candidates were elected to active membership: Drs. Hugh Kidder, 305 West 46th; Edouard S. Loizeaux, Flower Hospital; James H. MacIvor, 699 East 140th Street; L. B. Roder, 255 East 82d, and to corresponding membership, Dr. Gomez, of Rio de Janeiro, Brazil. The Committee on Materia Medica, Dr. J. Perry Seward, Chairman, presented Joseph C. Guernsey, A.M., M.D., of Philadelphia, who addressed the society, with a paper entitled, "Four Laws to be Observed in the Scientific Application of our Materia Medica," which was received with much interest, and discussed by Dr. M. W. Van Denburg, of Mt. Vernon, and by Dr. John Hutchinson. Committee on Surgery, William H. Bishop, M.D., Chairman, reported a paper, "Heteroplasty as an Auxiliary in Herniotomy," by Orlando S. Ritch, M.D., of Brooklyn. Drs. S. F. Wilcox and E. G. Tuttle discussed this interesting topic. Dr. G. deWayne Hallet, Chairman of Committee of the Eye and Ear, introduced Dr. Sayer Hasbrouck, of Providence, who presented a paper, "Rhythm-Pneumatic Massage as Applied to the Eye and Ear," and demonstrated his apparatus to the members of the society. This subject was discussed by Charles Leslie Rumsey, M.D., of Baltimore, and F. Park Lewis, M.D., of Buffalo.

Dr. Walter Sands Mills has removed to 324 West 89th Street; telephone, 44 Riverside.

A regular meeting of the New York Homœopathic Materia Medica Society was held on Wednesday evening, April 15th, at the residence of Dr. C. C. Howard, 57 West 51st Street.

John Hutchinson, M.D.

**Washington Letter.**—The regular monthly meeting of the Washington Homœopathic Medical Society occurred on Tuesday, April 7th, at 8.15 P.M., at the Hotel Arlington. Several papers were presented by the members on "Pneumonia," after much profitable discussion indulged in by most of those present, and the transaction of some routine business, the society adjourned to meet on May 5th.

*Anti-Spitting Crusade.*—A movement is to be made in Washington to enact



legislation to prohibit expectoration on the sidewalks of the city. Violation being punishable by fine and imprisonment. The law will permit those who wish to spit to step to the curb to do so.

*Congress of American Physicians and Surgeons.*—At the Sixth Triennial Session to be held in Washington, May 12-14, sixteen societies of specialists will be represented, and attendance, doubtless, will be correspondingly large. The session will commence May 12th, at 3 p.m., and in the evening, Dr. W. W. Keen, President of the Congress, will deliver an address, and will later receive the delegates at the Arlington Hotel.

*New Head to the Red Cross.*—Rear-Admiral Wm. K. Van Reyppen, U. S. N., retired, former surgeon-general of the navy, has been named as successor to Miss Clara Barton as president of the American National Red Cross Society.

*Madrid International Medical Congress.*—Surgeon-General Robert M. O'Reilly, U. S. A., sailed the early part of April for Madrid, where he will represent the Army Medical Corps. This is a special compliment which the American government wishes to show to the Madrid government. Accompanying General O'Reilly was his assistant, Dr. Heintzman. They expect to return to America in June.

Dr. H. H. Hawxhurst has taken up the practice of the late Dr. F. A. Gardner and moved his office to 1018 14th Street, N. W. Hours: 2 to 5 p.m.

*The Gardner Memorial.*—The friends and patients of the late Dr. F. A. Gardner have organized to effect an erection of a wing to be added to the newly-planned "Homœopathic Hospital" for the District. Efforts are being made to raise by subscription \$50,000 for this purpose. Mr. John Jay Edison, Washington Loan and Trust Building, is treasurer for the committee and will receive any subscriptions as funds sent for this purpose.

*Georgetown University Hospital.*—Ground has been broken for an extension to the Georgetown University Hospital. The addition, it is hoped, will double the capacity of the hospital.

*Addition to Garfield Hospital.*—Plans are being drawn up for an addition to Garfield Memorial Hospital; the new building is to be four-story brick and stone structure, and include new operating-rooms, and to cost \$100,000.

*Health of the District.*—The health officer's report for the week ending April 11th shows total number of deaths 111, of which 73 were white and 38 negro; 78 births are reported, of which 50 were white and 28 negro. At close of the week there were 86 cases of enteric fever under treatment, 10 of scarlet fever, 8 of diphtheria, and 7 of small-pox.

*Washington to Fight the White Plague.*—The citizens of Washington are organizing a propaganda against tuberculosis. Every effort will be made to spread intelligence which tends to combat and restrict the disease—public lectures by prominent physicians, and reprints and scientific documents published by the society for the dissemination of knowledge, in the hope that progress of tuberculosis may be arrested. The society already embraces many physicians, clergymen, charity and philanthropic works, and has the approval and co-operation of the authorities.

Macpherson Crichton, M.D.

*St. Louis Letter.*—The scholastic year at the Homœopathic Medical College of Missouri has just come to an end, the graduating-class being smaller this year than usual. Several ladies were among the ten graduates who received their diplomas on the evening of April 9th, at the Pickwick Theatre, from the hands of Dr. Campbell, president of the Board of Trustees,

The alumni reception and banquet, given the evening before at the West End Hotel, attracted some hundred couples, who enjoyed renewing former friendships, together with several interesting speeches by Drs. C. J. Luyties,

W. B. Young, A. H. Schott and others. The newly-elected alumni officers are: *President*, Dr. W. E. Gilbert; *Vice-Presidents*, Drs. W. E. Riley and W. J. Gundelach; *Secretary*, Dr. W. J. McCaughan; *Treasurer*, Dr. F. W. Lester.

Homœopathy in Missouri has been making an aggressive fight for recognition, and, although it has received a temporary setback by the action of the present governor, an old-school physician of the most rabid type, in replacing in allopathic hands the State insane asylum at Fulton, after a homœopathic staff had made a most brilliant record there, the homœopaths of the State have succeeded in getting an appropriation through the Legislature for a Chair of Homœopathy at the State University at Columbia. The appropriation grants \$1500 a year for two years, and it is believed that Dr. W. E. Riley, of Fulton, to whose unremitting efforts in behalf of the measure is largely due its success, will have the indorsement of the Missouri Institute of Homœopathy for the position. Whoever is appointed to the place will have a great responsibility, and will stand as the exponent of homœopathic beliefs. If the opportunity is properly improved, it will, undoubtedly, be productive of great good to the cause of homœopathy, and help to overcome the prejudice against this school of medicine which is felt throughout the southwest.

The Missouri Institute of Homœopathy meets at Kansas City the latter part of the month, and will be attended by a large contingent from St. Louis. One of the leading questions which will come before it is that of representation in the State and city institutions. Our numbers justify it, and a concerted attempt will be made to secure proper recognition from the authorities.

The St. Louis Homœopathic Medical Society, at its last meeting, listened to a paper on "The Limitations of Homœopathy," by Dr. F. W. Lester. The paper brought out a warm discussion by the older members of the society, and the derelictions of the younger generation were strenuously objected to. The general consensus of opinion was that the chief limitations lay in the physician himself and his limited knowledge of drugs. The more we study, the smaller the limitation of cure becomes.

The city is unusually healthy for this time of year; diphtheria and typhoid, with many mild cases of grippe, being the only troubles that exist in any number.

Edward L. Perry, M.D.

4220 FINNEY AVENUE.

**Resolutions on the Death of Dr. A. Negendank** were adopted by the Homœopathic Hospital Association of Physicians at Wilmington, Del., on April 4, 1903. They are as follows:

WHEREAS, In the inscrutable wisdom of an overruling Providence, the late August Negendank, M.D., has been taken from our midst, the Homœopathic Hospital Association, in special meeting assembled, does now resolve:

*First*, That our Association bows in submission to this dispensation, seeking not to penetrate the veil hiding the mystery of divine wisdom from human eyes.

*Second*, It records unqualified approval of the professional career of August Negendank.

*Third*, That it expresses admiration of his private character, which was a model in all life's relations.

*Fourth*, That this Association has suffered a great loss by his death. He was the oldest and one of the most faithful practitioners of homœopathy in this city.

*Fifth*, We mourn his loss and condole with the bereaved widow and children in the sad hour of their distress, and hope that they may continue bravely to

bear their burden, sustained by the memory of a happy life with a noble husband and father.

*Sixth*, That these resolutions be spread upon the minutes of our meeting and a copy be sent to the family of our deceased member.

Harrison W. Howell,  
Lewis W. Flinn,  
S. C. Frederick,  
*Committee.*

The State Board of Medical Examiners of New Jersey has secured amendments to the Medical Practice Act of that State, by which the academic standards for admission to the State examinations have been raised from a competent common-school education to a diploma issued after four years of study in a normal, manual-training or high-school of the first grade in that State, or its equivalent. The medical requirements have been increased from three to four courses of medical lectures of seven months each, in four different calendar years, prior to receiving the degree of Doctor of Medicine. The amendments go into effect on July 4th next. After that date, candidates for examination, or for the endorsement of a license issued by a recognized Examining Board of another State, must comply with the new standard of requirements for the New Jersey license.

The 26th Regular Monthly Meeting of the Raue Medical Club of Central Pennsylvania was held at the home of Dr. A. L. Baker, 1400 Twelfth Avenue, Altoona, Pa., March 3, 1903.

The following members responded to their names at roll-call: Drs. Morrow, Sharbaugh, Baker, Taylor, Blackburn, Bohn, Hoy, Humes and Kissler—9 in all.

After the regular routine of business was gone through, Dr. Baker read a paper on "Scabies," which was followed by a rather itchy discussion. Adjournment.

An invitation was then extended to the members to go to the dining-room, where the inner man was satisfied.

Daniel Bohn, M.D.,  
*Secretary.*

**Resolutions on Death of Dr. Kittinger.**—At a special meeting of the Homœopathic Medical Society of Delaware State and Peninsula, the following resolutions were adopted:

WHEREAS, It has pleased Almighty God to remove from our midst the soul of our late member and treasurer, Dr. Leonard Kittinger; therefore, be it

*Resolved*, By the Homœopathic Medical Society of Delaware State and Peninsula in a special meeting assembled,

I. That we bow in humble submission to this visitation of Divine Providence, believing that He doeth all things well.

II. That we mourn as those who have lost an honored member, an honest fellow-citizen, and a trusted and skilful practitioner of medicine.

III. That we extend to the bereaved family our heartfelt condolence in this sad hour, and commit them to the care of Him who careth for them.

IV. That copies of these resolutions be sent to the widow of the deceased, to the press of the city, and to the HAHNEMANNIAN MONTHLY of Philadelphia, and recorded with the minutes of this meeting.

Lewis W. Flinn,  
Charles M. Allmond,  
George R. Foulk,  
*Committee.*

**Wanted.**—By a physician who is going to California on account of wife's ill-health. A homœopathic physician, with cash to purchase a home, with a



practice established twenty-six years, paying present owner seven thousand a year. In a large borough very near Philadelphia, with twenty surrounding towns. No better business opportunity could be offered. Address, "Physician." HAHNEMANNIAN MONTHLY.

**Rochester Letter.**—The annual meeting of the Western New York Homœopathic Medical Society was held in the parlors of the Rochester Homœopathic Hospital, on Alexander street, Friday afternoon, April 17th. There was an unusually large attendance and a very excellent programme. The election of officers for the ensuing year resulted as follows:

*President*, Dr. Daniel H. Arthur, of Gowanda, N. Y. *1st Vice-President*, Dr. J. E. Slaughter, Warsaw, N. Y. *2d Vice-President*, Dr. A. B. Rice, Jamestown, N. Y. *Secretary-Treasurer*, Dr. W. W. Winans, Rochester, N. Y.

After [the election of officers the following papers and discussions were delivered:

1. President's address, Dr. Emily F. Swett, of Medina.
2. "Pelvic Abscess," by Dr. W. Louis Hartman, Syracuse.
3. "Infantile Intestinal Hæmorrhage," by Dr. George R. Stearns, Buffalo. Discussed by Dr. E. F. Swett, who reported two cases, one of which lived after a treatment by rectal injections of a solution of witch-hazel, 1-4, and the internal administration of *carbo. veg.*
4. "Provisions for the Insane in General, or Pyscopathic Hospitals," by Dr. George F. Adams, Gowanda. The paper, which was a very earnest and interesting one, was discussed by Dr. L. L. Button, of Rochester, and Dr. J. W. Le Seur, of Batavia.
5. "The Modern Management of Inflammations of the Middle-Ear and Its Contiguous Structures," by Dr. F. Park Lewis, of Buffalo. Discussed by Dr. Howard P. Bellows, of Boston, and Dr. E. J. Bissell, Rochester.
6. "State *versus* Local Control of State Charitable Institutions," by Dr. J. W. Le Seur, Batavia.
7. "Treatment of Malignant Growths of the Breast," by Dr. D. G. Wilcox, Buffalo.
8. "A Prover's Note-Book," by Dr. W. W. Winans, Rochester. Discussed by Drs. E. J. Bissell, H. W. Hoyt and T. D. Spencer, who took up the objective symptoms produced in one of the provers by the drug in the recent course of provings in Rochester. Their remarks amply proved to any skeptical mind that there were real results from the drug, and that the prover's imagination had nothing to do with the actual effects produced. The subjective symptoms were fully corroborated by the findings of the special examiners.

The annual banquet of the society followed the meeting, and at 7 o'clock about seventy-five members and their friends sat down to an elaborate menu amid flowers, festoons and music. Following the dinner came the toasts of the evening.

Dr. Charles R. Sumner, of Rochester, fulfilled the office of toastmaster most acceptably.

Dr. Emily F. Swett, the retiring president, responded to the toast "Retrospection;" Dr. William S. Rambo spoke on the "Monroe County Homœopathic Medical Society," and Rev. Clarence A. Barbour, D.D., responded to the toast "The Ministry of the Physician." Dr. H. P. Bellows, of Boston, Director-General of the Proving Clubs of America, spoke on "Inspiration."

Dr. J. W. Le Seur, of Batavia, had for his toast "The Homœopathic Medical Society of the State of New York."

Dr. E. H. Wolcott, who was instrumental in forming and directing the Rochester Proving Club, gave a résumé of the work accomplished.

Dr. D. H. Arthur responded as President-elect and invited the society to Gowanda for its next meeting.

Dr. D. G. Wilcox favored the society with a few impromptu remarks, and after an informal reception to Dr. H. P. Bellows, of Boston, the meeting was over.

Dr. Newton M. Collins has recently received the appointment of surgeon to the N. Y. C. & H. R. R. for Rochester and vicinity, after having met with considerable opposition from the allopathic school in this city.

Mrs. Granger A. Hollister died on Sunday morning, April 19th, at her home on East Avenue, Rochester, N. Y. Her death came as a great shock to the community, and particularly to the friends, officers and patrons of the Rochester Homœopathic Hospital, with whom she has been so intimately associated ever since the founding of the hospital, nearly fifteen years ago. The hospital has been the recipient of numerous benefactions, both in time given to the administration of the hospital affairs in her service as Treasurer of the Board of Supervisors of the hospital and in money most generously given for the erection of the Hollister Ward, and in annual gifts for the expenses of the hospital itself. Her benefactions to the Homœopathic Hospital were only a part of her philanthropy and her work, and her substantial aid in the numerous charities throughout the city will feel the loss very deeply. The place she filled in the hearts and lives of those who knew her can never be filled.

The Illinois Homœopathic Medical Association will meet in Chicago on May 12th, 13th and 14th, on the seventeenth floor of the Masonic Temple. President O. B. Blackman, of Dixon, has written a letter of greeting to homœopathic members of the profession, urging a large attendance. Dr. Edgar J. George, of Chicago, is secretary of the association now for the fifth consecutive year. Drs. N. Starr, of Charleston, and M. H. Goodrich, of Jacksonville, are vice-presidents, Dr. A. B. Brown, of Chicago, provisional secretary, and Dr. E. C. Sweet, of Chicago, treasurer.

The Thirty-First Annual Commencement of the Pulte Medical College will be held in Scottish Rite Cathedral, Cincinnati, Ohio, on Tuesday evening, May 5th.

**To Prevent Infection.**—A practical and helpful series of rules for the sanitary management of contagious and infectious diseases has been prepared by The Palisade Manufacturing Company of Yonkers, and issued in pad-form with cover. It is intended that when called to a contagious case the physician shall sign and hand to the attendant one of these printed sheets of "Precautions to be Observed by Patient, Family and Attendants." This series of rules, couched in plain, every-day English, has been carefully prepared, and the information given is accurate and up-to-date. The delivery of such a signed code of instructions not only increases the family favorably, but also relieves the physician of all responsibility should any of the necessary precautions be omitted. The advertising of borolyptol is so arranged that if the physician desires he can detach all reference to the preparation before handing the directions to the family. One of these pads (thirty-two sheets) will be mailed to any physician who may apply for same.

The Lexington Heights Hospital, opened by Dr. De Witt G. Wilcox in 1890, in order to provide a place for his surgical patients, was one of the first private hospitals in New York State. In 1893 it was made a stock company, but in 1897 Dr. Wilcox leased the property from the company for the use of his own patients. He has now purchased the entire plant, and it has been newly furnished throughout and equipped with the most modern appliances for the treatment of surgical and gynæcological diseases. A regularly incorporated training-school for nurses is attached to the institution. The hospital report for the past year shows that a large number of operations have been performed, and the death-rate is extremely low (2.6).

**The "Pepsin Habit."**—"In those poor victims of a pernicious 'pepsin habit,' where the stomach, instead of being encouraged to do its normal work,



has been allowed to become a lazy, inactive member while an artificial digestant did the work, I find Seng. a boon. Step by step it seems to lead the faltering gastric functions until, before the patient is aware of it, he loses the unhappy knowledge that he has a gastric apparatus. In subacute or chronic digestive disturbances I know of nothing which equals it."—Will A. MacKenzie, M.D., St. Louis.

**Kraft's European Tour.**—The itinerary of the tour to be conducted by Dr. Frank Kraft, of Cleveland, during the coming summer has been issued, and presents a tempting opportunity to those who plan to go abroad. The party will sail from New York on June 30th, going direct to Naples, spending more than two weeks in the Italian cities, and thence to Switzerland and the Alps, the Rhine, the Black Forest, Holland, Belgium, France, England and Ireland. Every large city and every point of interest is visited, the accommodations are of the highest class, and there are no extras. The total cost is but \$510. Particulars may be had from Dr. Frank Kraft, 57 Bell Avenue, Cleveland, Ohio.

**A Symposium on Modern Prostatic Investigation.**—The entire issue of the *American Journal of Dermatology and Genito-Urinary Diseases*, published at St. Louis, Mo., for May, 1903, will be devoted to a symposium on "Modern Prostatic Investigation."

The leading surgeons of the world will take part in this work, which will be discussed, arranged and presented in a manner never before undertaken. The following subjects will be discussed: (1) To what extent occupation tends to prostatic hypertrophy, with especial reference to active indoor, active outdoor, and sedentary pursuits. (2) Which suffer oftenest, the phlegmatic or nervous, the lean or obese? (3) Etiology of prostatic hypertrophy. (4) To what extent the cystoscope has been of service in diagnosis? (5) To what extent habit is responsible for prostatic hypertrophy, with especial reference to the use of alcohol and constipation. (6) In what cases palliation is advised and of what it consists. (7) Ligation of the vasa deferentia and results. (8) Castration for prostatic hypertrophy and results. (9) Bottini operation, or some modification of this treatment, and its success, with especial reference to complications, permanency of relief, etc. (10) Suprapubic drainage, with an estimate of results. (11) Suprapubic prostatectomy and results obtained. (12) Perineal prostatectomy and with what success. (13) Operation of choice for prostatic hypertrophy. (14) What unexpected complications have arisen during the operation for prostatic hypertrophy, and what during the post-operative conduct of cases. (15) Résumé of prostatic work.

**The Treatment of Chronic Cystitis.**—Cases of chronic cystitis are generally of infective origin, many resulting from the upward extension of an inflammatory process in the posterior urethra. A particularly distressing form of the disease is that accompanying enlargement of the prostate. While in the treatment of chronic vesical catarrhs local measures are often required, much benefit is derived from the internal administration of urinary antiseptics and antibleorrhagics.

A new preparation, embodying all the advantageous features of this class of remedies, is uriform. Its antiseptic power is due to the liberation of formaldehyde in the urinary tract, thus preventing ammoniacal fermentation and keeping the urine in a sterile state. Associated with this is the well-known beneficial action of saw-palmetto upon the mucous membrane of the bladder, as manifested by a diminution in the secretion of mucus and relief of the tenesmus. The other constituents of uriform (damiana and nux-vomica) exert a general tonic effect upon the nervous system and help to overcome the relaxed condition of the mucous membranes usually present. Uriform is palatable and well adapted for continued administration in these chronic cases.



# THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

JUNE, 1903.

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**The Internal Secretions and the Principles of Medicine.** By Chas.  
E. de M. Sajous, M.D. F. A. Davis Publishing Co., Philadelphia.

All innovators in the field of medical theory are more or less martyred by that resolute skepticism and dislike for radical change of view which appears to be a racial tendency. In fact, the attitude of pure agnosticism, in the face of new and radical propositions, is an acquired trait of the human mind, and only to be gotten after much schooling in self-control.

It is with this carefully-suspended judgment that one should view the theories (and the facts upon which these are based) presented in the present work

of Dr. Sajous. The vast labor he has expended upon the collation and interpretation of experimental physiological data should alone command serious attention to his book.

Anything like an exhaustive review would exceed the allotted limits of this article. We will be content with merely stating in outline the *thesis*, and referring those who may have interest especially awakened in this subject to the book itself.

Beginning with the proposition that the ultimate problem of metabolism is the exact mechanism of "tissue respiration," or the manner in which oxygen conveyed in the blood is finally utilized by the cell, the author quotes interesting experiments which tend to prove that the red blood-corpuscles are not the only carriers of oxygen, nor, indeed, at all the final disposers of it, but that oxygen is carried in the plasma itself, the corpuscles being contributing agents only in its ultimate distribution. The oxygen is held by, or in some way associated with in the plasma, an adrenal secretion, which the author calls "adrenoxin," or "oxidizing substance."

He believes, and ingeniously marshals evidence to prove, that the "adrenals are directly connected with the anterior pituitary body through the solar plexus, the splanchnic nerves and the cervico-thoracic ganglia of the sympathetic," they being, therefore, the "governing-centres of the adrenals and, therefore, of all oxidizing processes."

Such a view makes the pituitary bodies of wonderful importance as regulators of tissue-metamorphosis. "Vital resistance" is to be ascribed entirely to "the anterior pituitary body's functional efficiency." "In other words, overactivity of this organ, by correspondingly enhancing the production of adrenal secretion, is found to increase metabolism and the activity of all function in proportion; while depression of its normal activity, by inhibiting the production of adrenal secretion, and thus reducing the quantity of oxygen distributed throughout the entire organism, proportionately lowers the activity of all vital processes."

The author ascribes the chief symptoms of poisoning, and of most drug-action generally, as "manifestations of overactivity or of insufficiency of the adrenals," according as the substance ingested acts in one way or another on this oxygen-bearing secretion.

"The functions of these organs" (the adrenals) "may be stimulated, inhibited or arrested in two ways: 1. By a direct action of the toxic agent upon the cellular elements, and most liable to occur in acute infectious and chronic diseases, and their intoxications. 2. By an indirect action upon the vascular supply of the organs through a primary action upon the centres . . . (nervous) . . . that control the adrenal secretion, and most liable to occur in acute intoxication by toxins, venoms, vegetable and mineral poisons."

The author believes that the thyroid gland, by means of its secretion of iodine in organic combination, "sustains the functional efficiency of the anterior pituitary body up to a certain standard." Thus, it appears, and good evidence is adduced to prove, that the "thyroid gland, the anterior pituitary and the adrenals" are found to be "functionally united," that is, "to form an autonomous system, which we termed the adrenal system."

"The action of thyro-iodine upon the anterior pituitary body" represents "that of any poison introduced into the blood-stream. In other words," it becomes "evident that, instead of acting directly upon the blood or cellular elements, poisons either stimulated or depressed the functional activity of the adrenal system, thus increasing or reducing the production of adrenal secretion, and, therefore, of oxidizing substance in the plasma."

In the preparation of this work, the author has brought together much

interesting physiological and chemico-physiological data, and, even if further investigation fails to support his views, his book will remain a mine of information for the medical reader. Dr. Sajous' literary experience has eminently qualified him for the production of this work.

**A Text-Book of Legal Medicine and Toxicology.** Edited by Frederick Peterson, M.D., Chief of Clinic, Nervous Department of the College of Physicians and Surgeons, New York, and Walter S. Haines, M.D., Professor of Chemistry, Pharmacy and Toxicology, Rush Medical College, in affiliation with the University of Chicago. Two imperial octavo volumes of about 750 pages each, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1903. Per volume: Cloth, \$5.00 net; Sheep or Half-Morocco, \$6.00 net.

This work presents to the medical and legal professions a comprehensive survey of forensic medicine and toxicology in moderate compass.

For convenience of reference the treatise has been divided into two sections, Part I. and Part II., the latter being devoted to Toxicology and all other portions of legal medicine in which laboratory investigation is an essential feature. Under "Expert Evidence" not only is advice given to medical experts, but suggestions are also made to attorneys as to the best methods of obtaining the desired information from the witness. The Bertillon and Greenleaf-Smart systems of identification are concisely and intelligently described, and the advantages of each stated. An interesting and important chapter is that on "The Destruction and Attempted Destruction of the Human Body by Fire and Chemicals;" for on the determination of the human or animal source of the remains frequently depends the legal conduct of a given case, and the guilt or innocence of the accused. A chapter not usually found in works on legal medicine, though of far more than passing significance to both the medical expert and the attorney, is that on the medicolegal relations of the X-rays. The responsibility of pharmacists in the compounding of prescriptions, in the selling of poisons, in substituting drugs other than those prescribed, etc., furnishes a chapter of the greatest interest to everyone concerned with questions of medical jurisprudence. Also included in the work is the enumeration of the laws of the various States relating to the commitment and retention of the insane. In fact, the entire work is overflowing with matters of the utmost importance, and expresses clearly, concisely and accurately the very latest opinions on all branches of forensic medicine and toxicology.

**A System of Physiologic Therapeutics.** A practical exposition of the methods, other than drug-giving, useful in the prevention of disease and in the treatment of the sick. Edited by Solomon Solis Cohen, A.M., M.D., Senior Assistant-Professor of Clinical Medicine in Jefferson College; Physician to the Jefferson Medical College Hospital and to the Philadelphia, Jewish and Rush Hospitals; one time Professor of Medicine and Therapeutics in the Philadelphia Polyclinic, etc. Vol. V.: Prophylaxis—Personal Hygiene—Civic Hygiene—Care of the Sick. Illustrated. Philadelphia: P. Blakiston's Son & Co. 1903.

We have already spoken in the highest of terms of the preceding volumes of this monumental work. It only remains, therefore, for us to indicate the scope of the volume now before us. It may be described as an epitome of what is essentially the natural history of medicine; including the important facts thus far learned regarding the origin, dissemination and prevention of disease. The work virtually forms an introduction to the science of medicine. It treats, essentially, of the preservation of health and the prevention of disease, seeking a basis for intelligent prophylaxis in a study of morbid processes



and their causation. The apportionment of space among the various topics has been influenced chiefly by their relative importance, but, in part, by practical considerations and, in some degree, by novelty; recent investigations seeming to call for discussion at greater length than those whose results are more widely known.

To use the words of the editor, "The present work is a practical contribution in support of the opinion that the subjects of prophylaxis and of treatment should not be divorced in teaching, study and thought. Moreover, the common principles underlying the prevention of disease and the management of the sick; the dependence of these upon the forces at work in producing natural immunity and natural recovery; the influence of evolutionary processes upon all the phenomena considered, and the essentially vital nature of both morbid and recuperative action will, it is hoped, be made evident by the facts brought together and arranged according to a definite system of progressive exposition."

**Tuberculosis:** Recast from Lectures Delivered at Rush Medical College, in affiliation with the University of Chicago. By Norman Bridge, A.M., M.D., Emeritus Professor of Medicine in Rush Medical College; Member of the Association of American Physicians. Handsome 12mo volume of 302 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Company. 1903. Cloth, \$1.50 net.

In this excellent work the practical side of the care and management of those sick with the various non-surgical forms of tuberculosis has been concisely stated. Full consideration has been given to prophylaxis, an all-important phase of the subject that has heretofore been much neglected. There are also chapters upon the *Bacillus of Tuberculosis*; on the Pathology, Etiology, Symptoms, Physical Signs, Diagnosis and Prognosis of the disease, each treated in the judicious and thorough manner to be expected in a work by such a well-known authority as Dr. Bridge. Treatment is accorded unusual space, there being chapters upon Hygienic Treatment, Management of the Diseased Lung, Climatic Treatment, Medicinal and Local Treatments, Special Treatments, besides a chapter devoted to the subject of Sanatoria. Altogether, the work is a most valuable one, and we heartily recommend it to practitioners as the latest and best work of its pretensions it has been our good fortune to review.

**Medical Jurisprudence, Insanity and Toxicology.** By Henry C. Chapman, M.D., Professor of Institutes of Medicine and Medical Jurisprudence in the Jefferson Medical College, Philadelphia. Third edition, thoroughly revised, greatly enlarged, and entirely reset. Handsome 12mo volume of 329 pages, fully illustrated, including four colored plates. Philadelphia, New York, London: W. B. Saunders & Company. 1903. Cloth, \$1.75 net.

This work is based on the author's practical experience as Coroner's Physician of the city of Philadelphia for a period of six years. Dr. Chapman's book, therefore, is of unusual value to the medical and legal professions, presenting, as it does, the information gained from active participation in medico-legal cases. This third edition, enlarged by the addition of new matter to the extent of seventy-five pages, has been entirely reset, and it is evident that in its preparation every page has undergone a careful scrutiny, so as to include the very latest advances in this important branch of medical science. Much of the matter has been rearranged, the text has been more fully illuminated by additional references to cases, and a number of new figures and tables have been added.

In reviewing this excellent work we have found that it covers the field completely and thoroughly, nothing of practical importance to the physician or lawyer having been omitted. In our opinion, there is no doubt that the work will meet with as great favor as the previous edition—a popularity which it certainly deserves.

**Erratum.**—In the review of Van Noorden's "Diseases of Metabolism and Nutrition," Part I., in the May issue, the price was stated to be \$6.50, whereas it should be merely 50 cents.

## The American Institute of Homœopathy to the Homœopathic Physicians.

### OFFICE OF THE PRESIDENT.

CHICAGO, May 15, 1903.

*Greeting:* The annual notice of the Executive Committee, giving the complete program of the fifty-ninth annual meeting of the Institute, at Boston, June 22d to 27th, is ready for mailing. It is the desire of the committee that a copy should reach not alone each member of the Institute, but also every member of the homœopathic profession and any other physician who would be interested. The secretary will be pleased to forward a copy, on request, to any address.

The Local Committee have completed their arrangements for your entertainment. The bureaus are all organized and promise full and interesting programs.

The Allied Societies are this year going to meet with us as sections of the Institute.

An enjoyable evening is outlined for the Alumni meeting. A special feature of entertainment will be a complimentary ride on an ocean steamer down the harbor and out into the Atlantic, returning through the harbor by evening light. The Local Committee, with Dr. John P. Sutherland as chairman, have done their share in preparing for a banner meeting. It remains now for us each and all to do our share. We all owe something to the cause of homœopathy in return for the inheritance we have received and appropriated. The position of every homœopathic physician to-day is better, stronger and higher, because of the persistent work of the Institute. Less than one-fifth of the homœopathic profession of this country are members of the Institute. Will the other four-fifths, the great majority, always be willing to thus neglect their self-evident duty? Let us have your support and help! Meet with us this year! If that is not possible, at least join the Institute and plan to be with us next year.

A revival of homœopathic interests is very much needed.

A fare of one and one-third has been granted by all railroads.

Ch. Gatchell,  
Secretary.

Jos. P. Cobb,  
President.

The Annual Commencement of the Detroit Homœopathic College was held in that city on the afternoon of April 21st. Fourteen students received their degree in medicine. The principal address was delivered by Dr. Chas. Gatchell, of Chicago. The speech for the faculty was made by Dr. Stephen H. Knight. In the evening the annual banquet was held at the Hotel Cadillac. Dr. W. R. McLaren acted as toastmaster, and the responses were as follows: "Our College," Dr. C. C. Miller; "The Free Dispensary," Mrs. George G. Caron; "The Patient," Mrs. Alexander Groesbeck; "Matriculation," Dr. J. M. Griffin; "The Class of '03," Dr. A. G. Studer; and "Our Alumni," Dr. C. S. Strain. Dr. H. H. Tuyl, in behalf of the class, presented the class-picture to the faculty.



**The Commencement Exercises of the Pulte Medical College** attracted a large audience to the Scottish Rite Cathedral. For the occasion, the beautiful auditorium was made more attractive by a profusion of flowers and plants. The program was exceedingly interesting, interspersed, as it was, by vocal and instrumental music, in which Mr. Henry Fisher, Miss H. Frances Fisher and Mr. Clarence L. Adler were heard to advantage. The opening remarks were made by Prof. J. D. Buck, and the address by Prof. H. F. Biggar, of Cleveland. The faculty valedictory was delivered by Prof. C. E. Walton. The exercises were preceded in the afternoon by a banquet at Hotel Sterling, where the responses to the toasts were made by Drs. Buck, Crank, Price and Geohegan. Following were the graduates: William Nast Graessle, William Harrison Price, Sarah Jane Van Gorden, Hannah Goodridge, Calvin Rawson Main, George Ephraim Martin, James Henry Hutchins, Thomas Megibben Righter, Florence Margaret Pollock, Charles Alvin Strasburg.

**The Germantown Homœopathic Medical Society**, of Philadelphia, held its May meeting on May 18, 1903, at Young's café, 855 North Broad Street. A paper, by Dr. G. M. Christine, on "The Surgery of the Abdomen—Hints for the General Practitioner," evoked great interest and active discussion. The meeting was well attended.

**Obituary.**—JOSEPH A. STEGMENN, M.D., a prominent physician in the northeastern district of Philadelphia, died at his home, at 4634 East Thompson Street, Bridesburg, on April 24, 1903, aged 40 years. Dr. Stegmenn was graduated from Hahnemann Medical College, of Philadelphia, in 1886. He was a member of the Germantown club and a number of other organizations.

DR. WILLIAM LAWSON WOODBURY, one of the earliest graduates of Hahnemann Medical College, died at his home in Fulton, N. Y., on April 26, aged 80 years. Dr. Woodbury was born in Groton, N. Y., in 1823, and his early days were spent on his father's farm and in the district school. Later he became a pupil in Groton Academy, and afterwards he taught school, for several terms, in Tompkins and Cayuga counties. In 1844, he went to New York, and a few months later to Columbus, Ohio, where he was engaged in business until 1848. In the latter city he began the study of medicine in the office of Dr. A. Morrill, then the only homœopathic physician in the city; and later he finished his education in Philadelphia. In 1850, he entered upon practice in Fulton, N. Y., where he remained until 1855, when ill-health compelled him to go to Philadelphia for treatment. In 1856, he removed to Bristol, Pa., where he remained in practice until 1860. Then he returned to Fulton, N. Y., where he soon attained eminence as a practitioner. For many years he was president of the Oswego County Homœopathic Society.

DR. EMILY H. STOWE, of Toronto, Ontario, died recently. She was a graduate of the New York Medical College and Hospital for Women, in the class of 1867, and was the first woman to practice medicine in Canada.

DR. ALVIN B. RICE, of Jamestown, N. Y., died on May 8th. He was graduated from Bellevue Medical College in 1867, and was a vice-president of the New York State Homœopathic Medical Society.

DR. H. T. BRECKBILL, of Columbus Grove, Ohio, died on April 22d, aged 60 years. He was a graduate of Pulte Medical College, in 1878.

**Resolutions on the Death of Dr. William M. Griffith.**—At a meeting of the Oxford Medical Club, on May 1st, the following preamble and resolutions were adopted:

"Death having severed the pleasant social and professional relations that have existed between Wm. M. Griffith, M.D., and the members of our club, we respectfully resolve,



"*First*, That during his life we recognized in Dr. W. M. Griffith the qualities which make the honest man, the cherished friend and the conscientious physician, and in his death we mourn the loss of one who was an honor to his chosen profession.

"*Second*, That we extend to his family and friends, in their sad bereavement, our heartfelt sympathy, in the loss of a loving husband, a kind father and a beneficent friend.

"*Third*, That a copy of these resolutions be sent to his wife: that they be printed in *THE HAHNEMANNIAN MONTHLY*, and that they be spread upon the minutes of the Oxford Medical Club."

**Personals.**—Dr. W. Burt Maycock has removed his offices to "The Lenox," North Street near Delaware Avenue, Buffalo, N. Y.

Dr. R. G. Higgins, of Princeton, Ind., has removed to 42 Eden Street, Bar Harbor, Me.

Dr. E. Hasbrouck, of 369 Fourth Street, Brooklyn, has removed to No. 410 Ninth Street, Brooklyn, N. Y.

Dr. Wm. T. Satchell has located at Riegelsville, Pa.

Dr. Harrold E. Dunne has opened an office at Dent's Run, Elk County, Pa.

Dr. Wallace C. Converse has located at Room 496, 100 State Street, Chicago, Ill.

Dr. H. H. Sink (Cleveland Homœopathic College, '93) has located at Columbus Grove, Ohio.

Dr. U. A. Sharets is located at 1327 N. Nevada Avenue, Colorado Springs, Col. Dr. Sharets has had a year's experience in the practical handling of tuberculous cases at Falkenstein and Nordrach, Germany, and Leysin (Feydey sur Leysin), Switzerland; and he is ready to take charge of any patients that may be referred to him by eastern practitioners.

Dr. W. Howard Lyle, of Philadelphia, has been engaged in the investigation of blood-diseases in the private laboratory of Dr. Charles E. Simon, in Baltimore.

Dr. F. Mortimer Lawrence, of Philadelphia, is engaged in special work in pathology and diagnosis in Johns Hopkins Hospital, Baltimore.

**The Regular Monthly Meeting of the Atlantic City Homœopathic Medical Club** was held at Hotel Loraine, St. Charles Place and the Beach, Friday evening, March 20, 1903. Following members present: Drs. A. W. Bailey, L. Dow Balliett, L. H. Bewley, J. R. Fleming, J. R. Hood, J. Wm. Hughes, G. G. Jackson, M. S. Lyon, M. L. Munson, W. C. Sooy and A. W. Westney. After transaction of regular order of business, a very interesting paper on "The Tongue" was read by Dr. A. W. Bailey, with a lengthy discussion by other members. At 10.30 P.M. the members and their ladies adjourned to the dining-hall and partook of a bountiful banquet, guests of Drs. Crosby and Lyons.

J. Wm. Hughes, M.D.,

*Secretary.*

**The Raue Medical Club**, of Central Pennsylvania, held its twenty-seventh regular monthly meeting on April 7, 1903, at the home of Dr. E. C. Blackburn. The following members were present: Drs. Morrow, Sharbaugh, Wesner, Peiper, Baker, Wrigley, Taylor, Blackburn, Bohn, Hoy, Humes and Kessler—12 in all. Dr. Blackburn read an interesting paper on Pneumonia, which was followed by a discussion in which all took part. The meeting adjourned at 5.10 P.M., after which the members were entertained at the Logan House by Dr. Blackburn.

Daniel Bohn, M.D.,

*Secretary.*

**The Twenty-fourth Semi-annual Meeting of the Northern Indiana and Southern Michigan Homœopathic Medical Association** was held on May 5th in the council chamber of the city hall, Elkhart, Ind., with Dr. G. F. Washburne in the chair in the absence of the president, Dr. Julia D. Godfrey. Members present: E. G. Freyermuth, South Bend; Wm. Dederick, Warsaw; W. B. Kreider, Goshen; Prof. A. L. Blackwood, Chicago; John Borough, Mishawaka; and A. L. Fisher, W. H. Thomas, Porter Turner, C. W. Haywood, G. F. Washburne and H. A. Mumaw, Elkhart. Visitors present: Drs. H. M. and Sarah C. Spooner, Nappanee; O. G. Freyermuth, San Francisco; G. W. Spohn, Elkhart; Mrs. C. E. Sawyer, Marion, O.; Mrs. G. H. Payne, South Bend; and Miss May Ball, Elkhart.

The meeting was called to order at 10.45 A.M. A number of letters and telegrams were read from absent members, all wishing the society continued prosperity and usefulness. The minutes of the preceding year were read by the secretary, Dr. Mumaw, and approved.

Dr. C. E. Sawyer, of the Sawyer Sanitarium, spoke of the good work done by the Northwestern Ohio and Miami Valley Homœopathic Medical Associations, while Dr. A. L. Blackwood, Professor of Materia Medica, Hahnemann Medical College, Chicago, added a few words concerning the present status of homœopathy in the Windy City. Mr. Urbin J. Ehrhart, Chicago, special representative of Boericke & Tafel, homœopathic pharmacists and publishers, presented, briefly, claims for the line of publications he had on exhibition. Adjourned to the Hotel Golden for luncheon.

At 1.15 the meeting was again called to order, and after collection of annual dues and other routine business the report of bureaus was in order.

Chairmen—Surgery, G. R. Herkimer; Materia Medica, W. A. Smith; Practice, E. C. Dunning; Ophthalmology and Otology, W. B. Kreider; Gynæcology and Obstetrics, Wm. Dederick; Pædiatrics, E. G. Freyermuth.

The following papers were read and fully discussed by all the members present:

"Hay Fever," A. L. Fisher; "Clinical Massage," W. B. Kreider; "Tetanus," J. B. Ellis (read by A. L. Fisher); "Septicæmia," C. E. Sawyer; "The Skeleton," Mrs. E. A. Van Riper; "Feeding of Infants," E. G. Freyermuth; "Logical Result," G. W. Bowen, Ft. Wayne (read by the secretary); Neurasthenia, "A Brief Study," E. C. Dunning.

Chairmen of bureaus for the next meeting: Materia Medica, A. L. Fisher; Surgery, A. L. Blackwood; Practice, John Borough; Gynæcology and Obstetrics, Martha V. Thomas; Pædiatrics, H. S. Hewitt. The Chair appointed Drs. Lockwood, E. C. Dunning and M. H. Criswell a committee on credentials; Drs. Mumaw and Thomas on publication; and C. H. Myers necrologist. Election of officers for the ensuing year resulted as follows: President, William Dederick; first vice-president, E. G. Freyermuth; second vice-president, C. W. Haywood; secretary and treasurer, H. A. Mumaw. It was decided to hold the next meeting in Elkhart on Tuesday, October 6, 1903. Adjourned.

**The Miami Valley Homœopathic Medical Society** met in its 85th semi-annual session at the Phillips House, Dayton, O., on Thursday, April 30th. The program was as follows:

C. O. Munns, M.D., Oxford, O., Inaugural Address; J. A. Mitchell, M.D., Newark, O., "Treatment of Burns;" Ida E. McCormie, M.D., Cincinnati, O., "Some Clinical Features in Influenza in the Infant;" Lee Douglass Meader, A.M., M.D., Cincinnati, O., "Some Pathological Features of Influenza in the Infant;" illustrations with the projection microscope; A. B. Nelles, M.D., Columbus, O., "Retinitis Albuminurica;" Jas. W. Overpeck, M.D.,

Hamilton, O., "A Few Lines on Hydrotherapy;" Lincoln Phillips, M.D., Cincinnati, O., "Static Electricity;" R. G. Reed, M.D., Cincinnati, O., "Iritis vs. Grippe;" A. W. Reddish, M.D., Sidney, O., "Colchicum;" Harry F. Miller, M.D., Springfield, O., "Extra-Uterine Pregnancy," Clinical Case; Thos. M. Stewart, M.D., Cincinnati, O., "A Few Interesting Legal Items;" C. E. Sawyer, M.D., Marion, O., "Septicæmia;" C. C. Meade, M.D., Cincinnati, O., "A Study of the Pelvis from an Obstetrical Standpoint."

The Minnesota State Homœopathic Institute met in annual session in St. Paul, Minnesota, on May 20th, and the members found that they were in unexpected consultation upon the life or death of the Homœopathic College of the State University. Owing to the small classes that have been entering the institution during recent years, the regents of the University propose to abolish the Homœopathic College and establish in its place two professorships in materia medica and therapeutics in the General College of Medicine, thus enabling students to select for themselves the system which they will pursue. Dr. A. L. Wilcox, of Minneapolis, explained the conditions, and Dr. E. L. Mann, of St. Paul, presented resolutions, which were unanimously adopted, urging the continuance of the Homœopathic College. Dr. W. B. Hinsdale, dean of the Homœopathic College of Michigan University, spoke of the successful method in vogue in that institution. Drs. B. H. Ogden, of St. Paul, and W. H. Leonard and R. D. Matchan, of Minneapolis, contributed to the discussion.

The early part of the day was devoted to routine procedures and set papers. Dr. O. K. Richardson, of Minneapolis, was in the chair, and, in the course of the day, about 75 of the 150 members of the society registered.

On the following day, the annual election of officers took place. Because of the fight which the Institute is determined to make for the life of its college, it was decided that a Minneapolis man should be president, and the election resulted as follows:

*President*, Henry Clay Aldrich, Minneapolis. *First Vice-President*, R. St. James Perry, Farmington. *Second Vice-President*, W. C. Roberts, Owatonna. *Treasurer*, Margaret Koch, Minneapolis. *Secretary*, E. L. Mann, St. Paul. *Executive Committee*, A. B. Cole, Fergus Falls; F. C. Bowman, Duluth; W. S. Briggs and B. W. Ogden, St. Paul; O. K. Richardson, Paul Higbee and Ethel C. Hurd, Minneapolis.

A large number of papers were presented at the various sessions, and, at the closing session, president-elect Aldrich announced the chairmen of bureaus for the ensuing year. On account of the serious problems confronting the Institute, it was determined to convene next year in Minneapolis.

**The Second Annual Reception and Banquet of the Allen County Homœopathic Medical Society** was held at Fort Wayne, Ind., on Friday evening, April 17, 1903. Addresses were made by Dr. J. P. Cobb, of Chicago, President of the American Institute of Homœopathy, and by Dr. W. B. Hinsdale, Professor of Practice of Medicine in the University of Michigan. At the banquet which followed, Dr. John B. Stutz, of Fort Wayne, welcomed the guests, and called for responses to the following toasts:

"The American Institute of Homœopathy," Dr. Joseph P. Cobb, Chicago. "Medical Legislation," Dr. W. B. Hinsdale, Ann Arbor. "The Homœopathic Physician," Dr. Frank Kraft, Cleveland. "The Homœopathic Surgeon," Dr. H. R. Chislett, Professor of Surgery at Hahnemann Hospital College, Chicago. "The Homœopathic Specialist," Dr. E. P. Banning, Chicago. "Medical Snap-Shots" (Aphorisms), Dr. Henry Merze, Fort Wayne, Ind. "Death's



Dislike of Homœopathy" (an original poem), Dr. W. H. Bowen, Fort Wayne, Ind. "Gentlemen of the Medical Profession," Dr. Carrie B. Banning, Fort Wayne, Ind. "Our Hosts," Dr. R. S. Copeland, Ann Arbor, Professor at University of Michigan and Mayor of Ann Arbor, Mich.

The banquet was largely attended, many of the physicians being accompanied by their wives, and is said to have been one of the most successful medical gatherings in the history of the State.

**New York Letter.**—Dr. Irving Townsend has removed to 62 West 51st Street. Hours, 10 to 1. Telephone, 664 Plaza.

Dr. Malcolm Leal has removed to 171 West 73d Street. Hours, 10 to 12, 5.30 to 7. Telephone, 2033 Columbus.

Dr. G. deWayne Hallett has removed to 128 West 85th Street. Hours, 9 to 1, and by appointment. Telephone, 3386 Riverside.

Dr. Frederic G. Ritchie has removed to 110 West 49th Street. Eye, Ear and Naso-pharynx exclusively. Hours, 9 to 1, Sundays excepted, and by appointment. Telephone, 519 38th Street.

The Academy of Pathological Science held a regular meeting on Friday evening, April 24th, at the residence of Dr. Arthur B. Norton, No. 16 West 45th Street. Two very interesting mastoid cases were shown by Drs. C. C. Boyle and G. W. McDowell, respectively. Dr. Leonard W. Ely gave a talk on "flat-foot," and exhibited several patients. Dr. C. W. Perkins presented a specimen of typhoid ulceration of intestine, and described an interesting case. Dr. Harlan P. Cole, of Hartford, Conn., addressed the society with a paper entitled, "The Pathology of Deformity," which contained much original and suggestive thought, and which was further emphasized by photographs, shoes and braces of former and present cases. Discussion followed by Drs. Ely, Hutchinsonson and others. Members elected were: Dr. C. R. Conklin, 170 East 61st Street, and Dr. C. D. Kingsland, White Plains.

Alumni Day program at the New York Homœopathic Medical College and Hospital included the address of welcome by the dean, W. H. King, M.D., '82; an address by E. H. Porter, M.D., '85; "Materia Medica Lecture," by E. B. Nash, M.D., of Cortland, N. Y.; "A Demonstration in Obstetrics," by E. H. Wolcott, M.D., '81, of Rochester; "Surgical Clinic," by J. W. Ward, M.D., '83, of San Francisco, followed by luncheon to the guests of the college.

Commencement Exercises at Mendelssohn Hall, at 3 o'clock, were well attended, and the following men were graduated, receiving the degree of M.D.: R. A. Benson, T. D. Blair, E. B. Cook, C. W. Datesman, R. J. Dye, F. P. Ekins, J. K. Folwell, R. C. Fox, J. S. Gaines, J. N. Goode, O. D. Ingalls, M. W. Johns, J. L. Keeler, E. W. Kellogg, E. J. Miller, E. F. Mills, W. E. Nichols, C. E. Paine, E. J. Pettit, E. S. Pope, W. J. Quinn, P. D. Sayler, S. L. Scott, W. C. Thompson, J. E. Tytler, G. W. Whitney, A. C. Wilkes, C. B. Wood, J. Walsh.

Alumni officers elected for the coming year are: *President*, W. A. Dewey, of Ann Arbor, Mich.; *First Vice-President*, J. C. Fahnestock, Piqua, O.; *Second Vice-President*, Luke Corcoran, Springfield, Mass.; *Third Vice-President*, C. E. Lane, Poughkeepsie, N. Y.; *Director and Executive Officer*, Edward G. Tuttle, New York City; *Director and Treasurer*, W. G. Crump; *Director and Recording Secretary*, A. Worrall Palmer; *Director and Corresponding Secretary*, W. Sands Mills; *Director and Necrologist*, F. C. Bunn, Orange, N. J.; *Director and Alumnus Trustee*, W. L. M. Fiske, Brooklyn; *Board of Directors*, C. C. Howard, J. P. Seward, Irving Townsend, W. B. Winchell, G. deW. Hallett, Wm. Tod Helmuth.

The Alumni Banquet at the Waldorf-Astoria served 450 guests, and an addi-

tional charm was lent to the occasion by the presence of the ladies who occupied some of the boxes later in the evening. Dr. H. Worthington Paige, who had secured an attractive group of speakers, was the happiest of toastmasters and maintained attentive interest. Following is the list of speakers: E. H. Linnell, President; H. Worthington Paige, Toastmaster; Wm. Harvey King, Dean; Hon. Hal Bell; Rev. Minot J. Savage; Reuel A. Benson, '03; Prof. Frederick J. E. Woodbridge; Hon. Lemuel E. Quigg. A Glee-Club furnished excellent music.

The New York Medical College and Hospital for Women held its fortieth annual commencement on Tuesday evening, May 12th, at the Astor Gallery, Waldorf-Astoria. The Class of 1903 numbered eight graduates, each of whom received their degree of M.D. In addition, prizes were awarded. Cornelia Chase Bryant won the Lozier memorial prize, Mary Sutton Macy the Dr. Frank Moss prize, and Ella Louise Howell the special sophomore scholarship prize. The annual dinner of the Alumnae Association of the N. Y. M. C. & H. for Women was held at the Hotel Majestic on Wednesday evening, May 13th, at 7 o'clock. Dr. Katharine Townsend (President), Dr. M. Belle Brown (Dean), Dr. Peckham, Dr. Wilcox and Dr. J. E. Wilson responded to toasts.

The Training School for Nurses of the Metropolitan Hospital has recently graduated a large class, and numbers 60 undergraduates on duty in addition to those doing post-graduate work. The staff of lecturers the past year included Drs. Boyle, Barker, Coleman, Howard, Hutchinson, Morgan, Palmer, Ricardo, Royle, Swift and Walker.

The Homœopathic Medical Society of the County of New York held a regular meeting on Thursday evening, May 14th, at which the following program was carried out:

*Committee on Diseases of the Eye and Ear.*—G. deWayne Hallet, M.D. *Chairman*: "Refractive Errors do not Always Demand Correction by Lenses," by G. deWayne Hallett, M.D.; discussion by George A. Shepard, M.D., and G. W. McDowell, M.D.

*Committee on Clinical Medicine.*—William H. Van den Burg, M.D., *Chairman*: "Management of Neurasthenia," by Prof. H. V. Halbert, Professor of Practice of Medicine, Hahnemann Medical College, Chicago; discussion by Clarence C. Howard, M.D., John E. Wilson, M.D., Chas. H. Young, M.D., and E. D. Simpson, M.D.; "The Early Diagnosis of Phthisis; Krönig Method of Outlining the Apex of the Lung," five cases demonstrated, by George Frederick Laidlaw, M.D.

*Committee on Pathology and Preventive Medicine.*—Ralph Stewart, M.D., *Chairman*: "Suggestions on Preventive Medicine in General Practice," by Charles McDowell, M.D.; discussion by William H. Van den Burg, M.D., and E. D. Simpson, M.D.

**Washington Letter.**—At the regular monthly meeting of the Washington Homœopathic Medical Society, held at the "Arlington Hotel," on Tuesday, May 5th, the following papers were presented and discussed: "The Mechanics of Labor," by Dr. C. A. Davis. "Puerperal Sepsis," by Dr. J. H. Branson. Both papers enjoyed a wide and thorough discussion by the members present.

*Increase in the Medical Corps of the Navy.*—Surgeon-General Rixey calls attention to the fact that the Fifty-seventh Congress provided for an increase of 150 members to the medical corps of the navy, 25 of which are to be appointed each year for six years. This, in addition to the retirement of 10 men each year, makes 35 appointments open to young medical men annually. The appointments are made in the grade of assistant-surgeon and are within the



reach of well-equipped physicians between the ages of 21 and 30. Examinations are held in Washington, D. C., and at Mare Island, Cal., the board of examiners being in continuous session. Application can be made at any time to the Secretary of the Navy for permission to take the examination. Political influence is not required. The examinations are in three general lines: Physical, professional and collateral. The physical examination is rather rigid. The professional examination embraces the subjects usually studied in a well-equipped medical college. The collateral examination has to do for the most part with subjects ordinarily studied in common and high-schools and colleges. The salary depends upon the relative rank held, varying from about \$1500, in the case of assistant-surgeon, to \$5500, in the case of the surgeon-general, who holds the rank of rear-admiral. It appears that the professional opportunities now open to young men entering the services are good and are constantly improving. The first assignment of duty is usually to one of the 14 naval hospitals. The young appointee is usually sent, soon after his appointment, to the Naval Medical School in Washington, where the following subjects are studied: Military medicine, military surgery, tropical medicine, naval hygiene, quarantine, the duties of medical officers, hospital-corps drill and administration, ophthalmology, naval law, manual of the sword, and extracts from tactics, instruction in signals, bacteriology, blood-examination, and general laboratory work. After five months of such instruction the assistant-surgeon is assigned to sea duty. With the great increase which has been made in the Army of the United States during the past few years there appears to be splendid opportunity for active service and promotion in the Navy of the United States.

Dr. H. H. Hawxhurst has changed his office hours and will now hold them at the offices of the late Dr. F. A. Gardner, from 8.30 to 9.30 A.M., and 2 to 5 P.M.

*The Diagnostic Club* met at the office of Dr. L. T. Baker, on April 22d; the meeting was well attended and various cases reported and discussed, amongst others was one by Dr. H. F. Bishop, on Menier's Disease, Dr. M. M. Moffitt, on Cerebellar Tumor; and Dr. M. Crichton reported a case of appendectomy, complicated by congenital contraction of the colon.

*Congress of American Physicians and Surgeons.*—The American Congress of Physicians and Surgeons met at Washington, D. C., on May 12th to 14th, with headquarters at the Arlington.

*Deaths in the District.*—In the District of Columbia, during the week ending May 9th, there were 127 deaths as against 118 for corresponding week last year. Of the 127 deaths, 76 were white, a rate of 19.0, and 51 colored, a rate of 29.1.

MacPherson Crichton.

**London, Paris, Rome and Venice**, the "Big Four" of the American Tourist.—Dr. Frank Kraft, editor of *The American Physician*, 57 Bell Avenue, Cleveland, O., has secured the newly-built steamship, *Germania*—Fabre Line—to sail for Naples, July 7th, from Brooklyn. Only a limited number of first-cabin outside rooms remaining. Party is small and select. Will be absent 60 to 70 days in Italy, Switzerland, Germany, Belgium, France, England and Ireland. No night or Sunday travel. Sail home from Liverpool. No care and no responsibility. Apply for choice places in this personally-conducted club, and at once.

**The Annual Report of the Middletown State Homœopathic Hospital**, transmitted to the State Commission in Lunacy by Dr. Maurice C. Ashley, the superintendent, makes an admirable showing for the administration of that famous institution. With a population of 1459, the death-rate was the lowest in 12 years, and the high percentage of recoveries is maintained.



# THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

JULY, 1903.

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**The Practical Application of the Roentgen Rays in Therapeutics and Diagnosis.** By William Allen Pusey, A.M., M.D., Professor of Dermatology in the University of Illinois; and Eugene W. Caldwell, B.S., Director of the Edward N. Gibbs X-ray Memorial Laboratory of the University and Bellevue Hospital Medical College, New York. Handsome octavo volume of 591 pages, with 180 illustrations, nearly all clinical. W. B. Saunders & Co. 1903. Cloth, \$4.50 net; sheep or half-morocco, \$5.50 net. It has been the aim of the authors of this work to elucidate fully the practical aspects of the subject. It is evident that all the authentic literature which

has developed since Roentgen's wonderful discovery has been carefully digested, this being supplemented by the extensive experience of the authors. The value of the X-rays in diagnosis has been discussed in a thoroughly practical manner, and their limitations in this field indicated. Particular attention has been devoted to the use of the X-rays in therapeutics. Nearly all the illustrations in this section represent actual clinical subjects, and show with unusual fidelity the condition before the use of the X-rays, at various stages of their application, and, finally, the therapeutic results obtained. Full details are also given as to the use and management of the apparatus necessary for X-ray work. All the methods with which the best results have been achieved have been carefully described in a comprehensive way. There are chapters on X-ray Tubes, Induction Coils and Controlling Apparatus. Static Machines, Fluoroscopy, Radiography, Photographic Materials Used in Radiography, etc. This section is also fully illustrated, with instructive photographs and drawings of the apparatus, including four beautiful full-paged colored plates of X-ray tubes. In fact, the work will be found of invaluable assistance, not only to the general practitioner, but also to the dermatologist, presenting, as it does, the very latest advances in X-ray therapeutics and diagnosis.

**A Text-Book of Modern Materia Medica and Therapeutics.** By A. A. Stevens, A.M., M.D., Lecturer on Physical Diagnosis in the University of Pennsylvania; Physician to the Episcopal and St. Agnes Hospitals, Philadelphia. Third edition, greatly enlarged, rewritten and reset. Handsome octavo of 663 pages. W. B. Saunders & Co. 1903. Cloth, \$3.50 net.

Since the appearance of the last edition of this book such rapid advances have been made in materia medica, therapeutics and the allied sciences, that the author has wisely rewritten the entire work. He has altered the general plan of the book considerably, and instead of considering the drugs in alphabetical order, as in the previous editions, he has classified them according to their pharmacologic action. This arrangement, notwithstanding the present unsettled state of pharmacology, possesses certain advantages in that it aids the student to correlate established facts, and to apply them more readily to the treatment of disease.

The part devoted to therapeutics has evidently undergone a thorough revision; and we note that all the newer remedies which have been shown by competent observers to possess real merit, and to be worthy of a more extended trial at the hands of the profession, have been considered. Indeed, the work is in every particular thorough and accurate, and its title, *Modern Materia Medica and Therapeutics*, is fully justified. We heartily commend the work to students and practitioners.

**Suter on Refraction.** A Manual of Refraction and Motility for Students and Practitioners of Medicine. By William Norwood Suter, M.D., Assistant-Surgeon to the Episcopal Eye, Ear and Throat Hospital, Washington, D. C. 12mo., 382 pages, with 101 engravings and 4 colored plates. Cloth, \$2.00 net. Lea Brothers & Co.: Philadelphia and New York.

Notwithstanding the fact that these two fundamental branches of ophthalmology are so closely connected that an understanding of one is practically impossible without the other, this is the first work in English which covers both subjects within a single pair of covers. To the general physician the book will prove especially valuable. It is a plain, practical guide in a rapidly-growing and fairly-remunerative department of practice. The prescribing of proper glasses to correct defective vision will perhaps bring to the competent practitioner more patients than any other one branch of medicine.

Dr. Suter, whose large experience has eminently fitted him for the task, has furnished a manual which is in every way admirable. Simple and clear enough for the beginner, it is yet so comprehensive and meaty that the specialist will value it as a handy and trustworthy reference. Illustrations in black and colors have been freely used, and anticipation of a wide usage has led to its publication at a most moderate price.

**A Text-Book of Minor Surgery, including Bandaging.**—By Newman T. B. Nobles, M.D., Professor of Surgery at the Cleveland Homœopathic Medical College; Attending-Surgeon to the Cleveland City Hospital, the Cleveland Homœopathic Hospital, the East End Hospital and the Children's Hospital; Member of the American Institute of Homœopathy, the Cleveland Homœopathic Society, and the Eastern Ohio Homœopathic Society, and the Ohio State Homœopathic Medical Society. Boericke & Tafel: Philadelphia. 1903.

The author has succeeded in giving in this work the accepted facts and principles in surgical technique, together with the methods of treatment which modern surgery has advanced. In his preface he apologizes for adding another to the long list of surgical text-books now before the profession. Such apology is really superfluous; for, aside from the fact that the book was prepared for the use of students attendant upon homœopathic colleges, it has an additional field in the realm of minor surgery, that it presents in a concise form not found in any other single work.

The author has paid especial attention to the aseptic and antiseptic methods of treating wounds, methods which have originated within the past few years and have brought indescribable benefit to humanity.

To give an idea of the scope of the work, let us quote the syllabus of Chapter XX., devoted to the urinary system: "Catheterization; retained catheter; urethral injections; urethral instillations; bougies and sounds; passing sounds and metallic catheters; passing of the female catheter; irrigation of the urethra; irrigation of the bladder; irrigation of the vagina; strapping of the testicle; urethral hæmorrhage; foreign bodies in the urethra; stripping the seminal vesicles; method of increasing the size of the penis."

**Surgical Emergencies.** The Surgery of the Head. By Bayard Holmes, B.S., M.D., Professor of Surgery in the University of Illinois; Professor of Clinical Surgery in the American Medical Missionary College, Chicago; Attending-Surgeon, Chicago Baptist Hospital. New York: D. Appleton & Co. 1903.

This work is one of a series having to do with the every-day surgery of the human body. The author's design has been to pay especial attention to the surgical subjects which fall to the lot of the general practitioner.

In the present volume, each chapter is preceded by a syllabus of its contents, this of itself being a matter of great convenience to the reader, or to the practitioner seeking immediate information concerning any surgical subject. While most of the work is taken up with brain-surgery, we find that the surgical diseases of the face, scalp, tongue and parotid gland are not neglected. The chapters on accessory sinus disease afford an important addition to the literature of a subject concerning which there is much to be said. The illustrations are diagrammatic in character, and serve well to elucidate the subject-matter.

**International Clinics.** A Quarterly of Illustrated Clinical Lectures and especially-prepared articles on Treatment, Medicine, Surgery, Neurology, Pædiatrics, Obstetrics, Gynæcology, Orthopædics, Pathology, Dermatology,



Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and other topics of interest to students and practitioners, by leading members of the profession throughout the world. Edited by A. O. J. Kelly, A.M., M.D., Philadelphia. Volume I., thirteenth series. 1903. Philadelphia: J. B. Lippincott Company.

The generally interesting character of this serial is maintained in this number. The list of contributors contains the names of men of great reputation and high mental calibre. Thus we find articles by Osler, R. W. Wilcox, Thos. E. Satterthwaite, Ernest Finger, Einhorn, Keen, Senn and others.

The subjects presented are of unusual practical interest, including aneurysm of the descending thoracic aorta,—a subject, by the way, which one does not find very satisfactorily elaborated in medical works,—the treatment of cardiac and vascular fibrosis, the treatment of chronic urethritis, pyloric obstruction, and the treatment of flat feet.

The volume concludes with a review of medical progress made during 1902.

Of this number, as of "The Clinics" in general, we may say that, as means of post-graduate education, they are the next best thing to attendance upon lectures and demonstrations themselves.

**Zapffe's Bacteriology.** A Manual of Bacteriology for Students and Physicians. By Fred. C. Zapffe, M.D., Professor of Histology in the College of Physicians and Surgeons, and Professor of Pathology, Bacteriology and Hygiene in the Illinois Medical College, Chicago. In one 12mo. volume of 350 pages, with 150 engravings and 7 full-page colored plates. Cloth, \$1.50 net; flexible leather, \$2.00 net. Lea's Series of Pocket Text-Books, edited by Bern B. Gallaudet, M.D.

Professor Zapffe's compendious manual covers the theoretical and clinical aspects of bacteriology in a manner answering the needs of general practitioners as well as of students. He accomplishes this by eliminating unnecessary discussions. Starting at the very beginning he carries his reader systematically up to the point of gaining a full and comprehensive view, not only of bacteriology, but also of its practical relation to medicine. The whole trend of the book is distinctly clinical—the proper object for a work designed to be of service to medical students and graduates. A course of practical laboratory exercises is likewise included in this singularly comprehensive volume.

**The Fifty-Fifth Annual Commencement of the Hahnemann Medical College and Hospital of Philadelphia** was held at the Academy of Music, on the evening of Thursday, May 14, 1903. Following the usual preliminary concert by the Germania Orchestra and the entrance of the trustees, faculty and graduating class, a prayer was rendered by the Rev. Edwin C. Sweetser, D.D., and the address of the evening was made by the Rev. George Edward Reed, S.T.D., LL.D., President of Dickinson College. The Hon. W. B. Hanna, President of the Board of Trustees, then conferred the degrees of Doctor of Medicine and Doctor of Homœopathic Medicine upon the following class, after which all adjourned to the banquet of the Alumni Association, held in the Bullitt Building:

Walter C. Barker, Philadelphia, Pa.; Charles Orin W. Bartine, Philadelphia, Pa.; Arthur Whitaker Belting, Trenton, N. J.; Carl Mott Bradford, E.B., Voltus, Pa.; Charles Swan Caldwell, Monongahela, Pa.; Richard Cloward Caselberry, A.B., Oaks, Pa.; George Perry Eldridge, Hartford, Conn.; William F. Ely, M.E., Lansford, Pa.; George John Enders, Philadelphia, Pa.; John Herbert Ervin, Wyncote, Pa.; Charles Daniel Fox, Philadelphia, Pa.; Michael Francis Gallagher, A.B., Philadelphia, Pa.; Ralph Ehrlen Getelman, Philadelphia, Pa.; Edwin Perry Hall, Skaneateles, N. Y.; Earl Stephen Hallinger,

Camden, N. J.; William Lyndall Hamilton, A.M., Haddonfield, N. J.; Nathan Browne Hammond, P.D., Philadelphia, Pa.; Carl Jay Hart, Unionville, Conn.; Adam Light Hauer, East Hanover, Pa.; William Lawrence Hicks, Riverton, N. J.; William Thomas Hilliard, Jr., Salem, N. J.; James McGlathery Hincken, Philadelphia, Pa.; Nicholas Fulmer Hoffman, Philadelphia, Pa.; Frank N. Hoffmeier, A.B., Mt. Pleasant, Md.; Abraham Behm Kauffman, B.E., A.B., Doylestown, Pa.; Isaac Warner Knight, Philadelphia, Pa.; Harold Winfield Lambert, Philadelphia, Pa.; Albert Henry Laros, Collegeville, Pa.; John McGuirk Leonard, Houtzdale, Pa.; Donald Gauger Lerch, A.B., McEwensville, Pa.; Joseph William Long, Jefferson, Md.; Franklin Fulforth Massey, Philadelphia, Pa.; John Daniel Miller, A.B., Dayton, O.; Walton Iungerich Mitchell, B.S., St. Paul, Minn.; Winfred Theodore Morrison, Philadelphia, Pa.; Morgan Frederick Mount, Washington, D.C.; Richard Albert Mueller, Unionville, Conn.; George W. Newman, Rockledge, Pa.; Brantly Fuller Parker, York, Pa.; Irving Judson Pond, Minneapolis, Minn.; John Stanford Mullin Pratt, Coatesville, Pa.; James Jefferson Reitz, A.B., A.M., Walnutport, Pa.; William Eugene Rink, Burlington, N. J.; Maximilian Roedmann, Philadelphia, Pa.; John Forrest Rowland, B.S., Philadelphia, Pa.; Clyde Wilfred Sample, Allegheny, Pa.; William Satterer, Newark, N. J.; James Patrick Edward Scott, Ph.G., Philadelphia, Pa.; Charles H. Seybert, Philadelphia, Pa.; Franklin Edward Shuman, Catawissa, Pa.; Homer Isaac Silvers, Atlantic City, N. J.; Karl Stanley Simpson, Carnegie, Pa.; Stuart Ernest Skiff, Dundee, N. Y.; Frederic Warren Smith, Philadelphia, Pa.; Walter Jacob Snyder, Erie, Pa.; William Steele, Jr., Philadelphia, Pa.; John Charles Stewart, Philadelphia, Pa.; Albert Haeseler Super, Pottsville, Pa.; Isaac Walter Sutton, Philadelphia, Pa.; Claude Wellington Thomas, Medford, N. J.; William Ide Tomlinson, Mt. Holly, N. J.; Howard Locke Vail, Scranton, Pa.; Richard Frederick Viehe, Evansville, Ind.; Joseph Cook Wallace, Buffalo, N. Y.; Howard Hamilton Webster, Dayton, O.; Absalom Steelman Westcoat, Atlantic City, N. J.; Walter Lear Williams, Mt. Carmel, Pa.; George Hiram Wilson, M.D., Painesville, O.; Edward Clift Winsmore, Philadelphia, Pa. Total number of graduates from 1849 to 1903, inclusive, 2689.

The Alumni Association of "Old Hahnemann" held its annual business meeting on Thursday afternoon, May 14th, in the Alumni Hall of the College, Dr. Daniel P. Maddux, of Chester, Pa., the President, presiding. Dr. Pemberton Dudley, as Dean of the College, reported upon the year's progress and the future plans of the institution. Dr. Wm. B. Van Lennep was elected President for the ensuing year.

The Annual Banquet of the Alumni Association was held in Boldt's café, in the Bullitt Building, in the evening following the commencement. A large and enthusiastic aggregation of graduates was present. Dr. Herbert L. Northrop, '89, acted as toastmaster and, as the representative of Hahnemann, inquired as to the progress of his followers. Responses for "The College," by Dr. W. C. Goodno; "The Alumni," by Dr. D. P. Maddux; "Fraternity," by Dr. E. C. Price, of Baltimore; and "The Class of '03," by Dr. J. M. Leonard, were interspersed with songs by the glee club and the graduating class, and instrumental selections by the orchestra. The speakers were united in their loyalty to their alma mater and firm in their belief in her continued growth and greatness, and the banquet is regarded as one of the most successful in the long series of annual reunions.

**Hospital Appointments.**—Every member of the graduating class of Hahnemann College who desired a hospital appointment succeeded in his am-



bition. This remarkable record is evidenced by the following list, not entirely complete, of such appointments:

*Hahnemann Hospital*, Philadelphia.—Isaac W. Knight, John F. Rowland, William Satterer, James P. Scott, Walter J. Snyder, Howard W. Webster.

*Metropolitan Hospital*, New York.—Geo. P. Eldridge, Charles S. Caldwell, John D. Miller, Walton I. Mitchell, John Leonard.

*Pittsburg Homœopathic Hospital*.—Clyde W. Sample, Karl S. Simpson.

*National Homœopathic Hospital*, Washington, D. C.—William T. Hilliard, Jr., Homer I. Silvers.

*McKinley Hospital*, Trenton, N. J.—Earl S. Hallinger, Albert H. Super, William I. Tomlinson.

*Buffalo Homœopathic Hospital*.—Joseph C. Wallace, Walter S. Williams.

*Albany Homœopathic Hospital*.—Edwin P. Hall, Irving J. Pond.

*Grace Hospital*, New Haven, Conn.—Carl J. Hart, Stuart E. Skiff.

*Rochester Homœopathic Hospital*.—Charles D. Fox.

*Lee's Private Hospital*, Rochester.—Richard C. Casselberry.

*Cumberland Street Hospital*, Brooklyn.—Frank E. Shumann.

*Scranton Homœopathic Hospital*.—William S. Hamilton.

*Reading Homœopathic Hospital*.—John S. M. Pratt.

*Chester Homœopathic Hospital*.—Franklin F. Massey.

**New Hospital Site Selected.**—The Commission appointed by Governor Stone to select a site for a State Hospital for the Insane, to be conducted under the Homœopathic School of Medicine, has purchased a tract of 200 acres, about a mile from Allentown, from Robert E. Wright, J. Marshall Wright and others, for about \$40,000. The site is on high ground, overlooking the Lehigh river, and is accessible by both railroads and trolley. This hospital is to care for the insane in Bradford, Bucks, Carbon, Lackawanna, Lehigh, Monroe, Northampton, Pike, Sullivan, Susquehanna, Wayne and Wyoming counties. The appropriation for the site was \$50,000.

**The Germantown Homœopathic Medical Society** met in Young's café, 855 North Broad Street, Philadelphia, on June 15th. A paper was presented by Dr. Frederick Van Gunten on "The Much-Abused Nose." The meeting was largely attended.

**Personals.**—Dr. E. W. Grubb, C. H. C. '03, has located at 1375 E. Broadway, Toledo, Ohio.

Dr. S. A. Noble, C. H. C. '03, has located at 1385 Detroit Street, Cleveland, Ohio.

Dr. G. E. Simmer has removed to 3104 North Ninth Street, Philadelphia. Office hours, 8 to 10 A.M., 6 to 7.30 P.M.; Sundays, 8 to 10 A.M.

L. Willard Reading, M.D., 1629 Green Street, Philadelphia. Conservative Gynæcology and General Electro-Therapeutics. X-Ray for Cancer, Tubercular and Skin Diseases. Hours, 8 to 10 A.M., 2 to 4 P.M., 7 to 8 P.M.; Sundays, 8 to 10 A.M. Bell telephone, Poplar 2766 D.

Dr. Thomas H. Conarroe has removed to 1807 Wallace Street, Philadelphia. Hours, 9 to 10 A.M., 2 to 3 P.M., 7 to 8 P.M. No afternoon hours during June, July and August. Telephone.

Dr. Herbert P. Leopold wishes to announce that he will spend the summer, beginning June 13th, in the Eppendorf Hospital, Hamburg, Germany, returning about October 1st, when he will resume practice in his new offices, 332 West Cheltenham Avenue, corner of Morris Street.

Dr. W. H. Neumuller, Hahnemann, 1902, is located at Lansford, Pa.

Dr. F. K. Hollister is at 521 Madison Avenue, New York City.



Dr. W. Hayes Brown, Hahnemann, 1902, has removed from Frederick, Md., to 322 Indiana Avenue, N. W., Washington, D. C.

Dr. C. D. Kinsley has removed from Cheshire to 200 Main Street, North Adams, Mass.

Dr. F. E. Doughty is at his summer residence at New London, Conn.

**Married.**—Otis D. Stickney, M.D., and Grace Wadleigh, on Wednesday, June 3d, at Atlantic City, N. J.

William Rankin Ward, M.D., and Jennie Warren, in Cleveland, O., on June 16th. At home after October 1st, Prospect Avenue, Newark, N. J.

**Obituary.**—HIRAM HENRY BINGHAM, M.D., a graduate of the College of Homœopathic Medicine and Surgery of the University of Minnesota in 1896, of Herman, Minn., died from tuberculosis of the intestines in Minneapolis on May 8th, aged 28 years.

E. W. DEAN, M.D., a graduate of the Cleveland Homœopathic College, died from pulmonary tuberculosis at Colorado Springs during the first week of May.

OLIVER C. EVANS, M.D., a graduate of Pulte Medical College in 1878, died at his home in Joplin, Mo., on May 5th, æt. 58 years.

EDWIN M. KANOUSE, M.D., of Wausau, Mo., a graduate of Hahnemann Medical College of Chicago, died at Three Rivers, Mo., on May 25th, æt. 60 years.

PHILIP H. KEYSER, M.D., a graduate from the Chicago Homœopathic College in the class of 1893, was found dead at his home in Boulder, Col., on May 24th, æt. 31 years. Autopsy revealed no cause of death.

FREDERICK A. KRILL, a graduate of the Homœopathic Hospital College of Cleveland in 1882, died recently at San Luis Obispo, Cal.

RALPH MORDEN, M.D., a graduate of the New York Homœopathic College in 1875, died at Circleville, O., of Bright's disease on May 12th, æt. 50 years.

WARNER F. H. O'KEEFE, M.D., a graduate of the New York Homœopathic College in 1875, died in Pittsburg, Pa., on May 20th, after two years' illness, with Bright's disease.

MAX J. REINOLD, M.D., a graduate of Hahnemann Medical College of Philadelphia in 1876, died from hæmorrhage of the stomach, after a long illness, at his home in Williamsport, Pa., on May 12th. His age was 47 years.

TYSON SMITH, M.D., a graduate of the Homœopathic Hospital College of Cleveland in 1881, and formerly of Newaygo, Mich., died at the Michigan State Hospital, Kalamazoo, on May 11th, æt. 55 years.

AUGUSTIN THOMPSON, of Lowell, Mass., died on June 8th, aged 67 years. He was graduated from the Hahnemann Medical College of Philadelphia in 1867.

The Raue Medical Club of Central Pennsylvania held its regular monthly meeting on Tuesday, June 2, 1903, at the home of Dr. H. K. Hoy, 1425 12th Avenue, Altoona, Pa. The following members were present: Drs. Morrow, Sharbaugh, Baker, Taylor, Bohn, Hoy and Kessler, of Altoona, Wesner, of Johnstown, and Humes and Stetzel, of Hollidaysburg. Dr. Hoy read an interesting paper on "Infantile Earaches," which was followed by a general discussion. Adjourned.

Daniel Bohn, M.D.,

Secretary.

**New York Letter.**—The Academy of Pathological Science held a meeting at the residence of Dr. W. H. VanDenBurg on the evening of May 22d. The following subjects were presented for discussion: "The New Ligament Result-

ing from the Operation for Ventrofixation," by Dr. W. H. Bishop; "Exfoliation of the Vagina Due to the Use of Alum to Stop Hæmorrhage" (specimen), by Dr. F. E. Doughty; "Staphylococcus Blood-Infection" (five cases), and "Colon Bacillus-Infection of the Urinary Tract," by Dr. G. F. Laidlaw. Dr. J. H. MacIvor, of 699 West 140th Street, was elected to membership.

Dr. Edmund Carleton has removed to 71 West 50th Street. Hours, 8 to 11, 5 to 6; Sundays at 12.30. Telephone, 2084 Plaza.

Dr. Spencer Carleton has removed to 71 West 50th Street. Hours, 11 to 12, 4 to 5; Sundays at 12.30. Telephone, 2084 Plaza.

Dr. Chas. E. Teets has removed to 59 West 37th Street. Diseases of the Nose and Throat. Hours, 8.30 to 1, and by appointment; Sundays, 10 to 12, October 1st to May 1st. Telephone, 4501 38th Street.

Dr. Joseph H. Fobes has located at 482 Park Avenue, near 59th Street. 10 to 12, 5 to 7; Sundays, 9 to 11 only. Telephone, 4122 Plaza.

Dr. A. B. Norton will be absent on his summer vacation from June 20th until September 14th. Dr. Munson will attend to Dr. Norton's patients.

Dr. Bukk G. Carleton will be out of town from July 8th to September 2d. Summer address, Whitefield, N. H.

Dr. E. D. Rudderow will spend July and August at Quogue, L. I.

Dr. Edward G. Tuttle will be absent in Europe till September 22d, and during the closure of his office his patients are referred to Dr. W. G. Crump.

Dr. C. C. Howard, Neurologist of the Metropolitan Hospital, has been elected a member of the Medical Board of that hospital.

The Commencement of the Metropolitan Training-School for Nurses, Blackwell's Island, attached to the Metropolitan Hospital, was held in the New Convalescent Hospital, May 23, 1903. The exercises were as follows:

Honorary Presiding Officer, Hon. Seth Low, Mayor of New York City. Chairman, Hon. Homer Folks, Commissioner Public Charities. Superintendent's Annual Report of the Training-School. Addresses to the Graduating Class by Dr. Egbert Guernsey Rankin, Chairman Committee of Inspection, and Dr. Walter Sands Mills, Chairman Committee of Nursing, Metropolitan Hospital Medical Board. Administration of Hippocratic Oath and Presentation of Diplomas by Mrs. William Kinnicutt Draper, President Board of Managers. Presentation of Prizes by the Commissioner. Benediction by Rev. Thomas Gardiner Littell, D.D. Reception at Nurses' Home, 5 to 7 P.M. Miss Jane M. Pindell, Superintendent of the Training-School.

The Homœopathic Medical Society of the County of New York held a regular meeting in the Chapter Room, Carnegie Hall, on Thursday evening, June 11th, the President, Dr. Irving Townsend, in the Chair. Dr. Edward V. Brown, of North Tarrytown, was elected to Corresponding Membership. Dr. Walter Sands Mills, Secretary of the Society, presented a paper entitled, "Kali Bichromicum," which was discussed by Drs. Hasbrouck, of Dobbs Ferry, Allen, of Flushing, and VanDenBurg, of Mount Vernon. Dr. Egbert Guernsey Rankin presented a paper entitled, "The Treatment of Pulmonary Tuberculosis," which was discussed by Drs. Mills, of New York, Grace Flanders-Wilson, Morristown, Wiggins, of Brooklyn, Rabe, of Weehawken, and Hasbrouck, of Dobbs Ferry. Dr. E. D. Simpson addressed the Society on the "Clinical Application of Suggesto-Therapy." Discussion followed by Drs. M. R. Bren. H. Worthington Paige, Edward G. Tuttle, Wm. A. Allen, and Lenora White, and others. Dr. Charles Ver Nooy, Chairman of the Committee on Public Health, presented a report on the Harlem Lake in Central Park.

John Hutchinson, M.D.



**St. Louis Letter.**—The great St. Louis World's Fair Dedication has come and gone, and, like most public events, has taught its participants several lessons. To begin with, the first day of the Dedication—that set for the great military parade—was the coldest and windiest in the month of May, coming directly after a time of sunshine and balmy breezes that had induced many natives and some of the visitors to adopt summer garments and prepare themselves for a summer picnic during the parade.

The sudden drop in temperature was so great that hundreds of people were forced to leave their seats upon the reviewing stands before the parade passed and seek the comfort and warmth of their homes. The President, in a thick winter overcoat, appeared to be the most comfortable person in the parade, and as the troops passed the Presidential stand his ruddy cheeks and Yellowstone tan presented a striking contrast to the cold-pinched faces about him.

Three men were taken from the ranks of the troops after the parade, suffering with pneumonia, and a liberal use of stimulants was necessary in the case of many others. Accidents were few, and, barring two men hurt by falling horses and a soldier struck by a wire fence, sustaining a fractured skull, the ambulance corps had little to do. A very well-equipped emergency hospital has been fitted up on the Exposition grounds, and to this all cases are taken. Many of the spectators of the parade sought temporary relief there, and an aftermath of pneumonia and bronchial troubles has swept over the city, a warning to those who will persist in considering St. Louis a southern city, and a punishment to the unwary who listen too early to the promise of spring.

The annual meeting of the Missouri Institute of Homœopathy took place this year at Kansas City during April, 21st to 23d. The meetings were held at the Midland Hotel and were well attended, the Kansas City physicians turning out in force, while a large delegation from St. Louis, and scattering representations from all over the State, helped to swell the attendance. There were many interesting papers read, the titles of some of which follow, and the discussion of them was keen and earnest. In the bureau of ophthalmology, Dr. Joseph Patterson, of Kansas City, read an interesting and valuable paper, "The Eyes of School Children," followed by one by Dr. Isaac Soule, also of Kansas City, on "What Should the Family Physician Know About the Nose, and Why?" In the bureau of gynæcology the most noticeable papers were those of Dr. C. Ott, Kansas City, on "Uterine and Mammary Cancers," and Dr. W. John Harris, of St. Louis, on "Surgical Treatment of Puerperal Infection." In the bureau of clinical medicine and therapeutics, the retiring president of the Institute, Dr. L. E. Whitney, of Carthage, read a paper on "The X-Ray as a Therapeutic Agent." The paper of Dr. E. Andrews, of Holden, also in this bureau, on the "Medical Treatment of Appendicitis," aroused much discussion, and seemed to particularly excite the surgeons present, who felt that their preserves were being poached on. Dr. W. A. Forster, of Kansas City, recited the history of a very interesting case of spina bifida containing a dermoid cyst, in the bureau of surgery; and Dr. Willis B. Young, of St. Louis, read a paper on "A Dynamic Ileus," which showed careful study and preparation. St. Louis was well represented in the bureau of pædology: Dr. D. M. Gibson, with "Unsuspected Pneumonia;" Dr. G. A. Mellies, with "Infantile Pneumonia;" and Dr. C. J. Luyties, with a paper on "Reflexes," being most prominent. The newly-elected officers of the Institute are: *President*, Dr. Louis Crutcher, K. C. *General Secretary*, Dr. G. A. Mellies, St. Louis. *Treasurer*, Dr. D. M. Gibson, St. Louis. The Institute will meet at St. Louis in 1904, and expects a record attendance.

The weather is rapidly changing to that of late spring, and a corresponding decrease in sickness is visible. Measles and whooping-cough are still with us, however.



**The Maryland State Homœopathic Medical Society** met in its 29th annual session in the building of the Southern Homœopathic Medical College, Baltimore, Md., on May 19 and 20, 1903. Dr. G. H. Wright, of Forest Glen, presided and delivered the annual address, and, in addition, a large number of papers were presented by the society's members. On Tuesday evening Dr. C. Sigmund Raue, of Philadelphia, addressed the society on "The Diseases of the Stomach in Infancy." At the conclusion of the address a collation was served. The large attendance, many of the members being accompanied by their wives, rendered the meeting a social as well as a scientific success.

**Indiana Institute of Homœopathy.**—One of the most interesting and successful sessions of the Indiana Institute of Homœopathy was that held June 9th and 10th at Indianapolis. About 150 physicians were in attendance. Twenty-five excellent papers were presented and discussed. The Committee on Arrangements had secured the banquet-hall of the elegant Columbia Club for the evening of June 9th, where the members, their wives and visiting physicians enjoyed a sumptuous repast, interspersed with music by a harpist and a male quartet. With Dr. W. B. Stewart, of Indianapolis, acting as toastmaster, the following toasts were responded to: "The Physician's Opportunity," Dr. H. H. Baker, Muncie. "The Inspiration of the Moment," Dr. F. L. Davis, Evansville. "Profit and Loss," Dr. O. S. Runnels, Indianapolis. "The Physician's Influence," Dr. F. H. Huron, Danville. "Gender in Medicine," Dr. Carrie B. Banning, Fort Wayne. "Consultations," Dr. Rebecca Rogers George, Indianapolis. "Selfishness," Dr. A. W. Holcombe, Kokomo. "Equitable Compensation," Dr. J. H. Baldwin, Jeffersonville.

The following officers were elected for 1904: *President*, Dr. H. H. Baker, Muncie. *First Vice-President*, Dr. W. B. Huron, Tipton. *Second Vice-President*, Dr. D. R. Saunders, North Vernon. *Secretary*, Dr. Samuel Harrell, Noblesville. *Treasurer*, Dr. H. Alden Adams, Indianapolis. *Censors*, Dr. Carrie B. Banning, Fort Wayne; Dr. D. W. Weaver, Greensburg; Dr. C. R. Armstrong, Thorntown; Dr. E. D. Bergen, Frankfort; Dr. E. F. Larkin, Franklin.

**Homœopathic Medical Society of the State of New York.**—The semi-annual meeting of the Homœopathic Medical Society of the State of New York will be held at that ideal spot in the Adirondack woods, Lake Placid. The officers of the Lake Placid Club have generously placed at the Society's disposal their beautiful club-house and cottages, which can be had at one-half the regular rates paid by their own members. The dates chosen are September 15th and 16th, the most charming of the early fall season. Do not miss this semi-annual meeting, as there will be a profitable session and a most delightful visit.

DeWitt G. Wilcox, M.D.,  
*Secretary.*

**Philadelphia County Homœopathic Medical Society.**—At the meeting held Thursday evening, June 11th, the following officers were elected: *President*, Dr. J. E. Belville; *Vice-President*, Dr. F. P. Wilcox; *Secretary*, Dr. H. P. Leopold; *Treasurer*, Dr. Geo. W. Smith.

Following the election of officers, a series of papers bearing on therapeutic subjects were read, as follows: "Rhus Tox. as a Specific in Rheumatic Sciatica Neuritis," by Dr. W. F. Baker; "Hyoseyamus in Toxic Gastritis," by Dr. G. M. Golden; "Therapeutics of the Ear," by Dr. G. I. Palen; "Sepia in Uterine Affections," by Dr. N. F. Lane; "The Administration of Iodide of Potassium and Mercury in the Treatment of Syphilis," by Dr. W. C. Hunsicker. All of these papers will be published in *THE HAHNEMANNIAN*.

**Mayor Weaver's Veto.**—Recently, Philadelphia City Councils passed a bill turning over to the homœopathic profession five wards in the City Hospital, generally known as Blockley. The bill provided that the physicians to take charge of the wards should be appointed by the faculty of the Hahnemann Medical College. Mayor Weaver in vetoing the bill said that he was in sympathy with the movement to give the homœopaths representation in the management of the Philadelphia Hospital, but that he could not approve of a bill which took the appointing-power out of the hands of the city authorities.

**Change of Medical Law in Nebraska.**—On and after the 1st of August an examination will be required for registration. The new law provides for reciprocity with other States having an equal standard, and, at the same time, prescribes a standard that is equal to any State in the Union. Inasmuch as the State is filled with most excellent openings, we trust that there will be a large number of applications from the homœopathic profession at the two meetings of the board, which will be held prior to the change of law. Application-blanks may be secured of either the secretary, Dr. G. H. Brash, Beatrice, Nebraska, or of Dr. B. F. Bailey, Lincoln, Nebraska.

**Results of the Vaccination of the Police and Firemen of Indianapolis.**—City Police-Surgeon Garstang, assisted by Leonard A. Ensminger and H. Clay Meek, in accordance with an order of the Board of Public Safety, vaccinated all the police and firemen of the city. The work was commenced January 7th and finished in two days. Mulford's tube vaccine was used. One hundred and seventy-five firemen and 181 policemen, 356 in all, were vaccinated. Of this number, 53 were never vaccinated before and 13 had had smallpox. Not one of those who had had the disease responded to vaccination, and of the 53 unvaccinated, all but 3—94.3 per cent.—took finely. These 3, though repeatedly vaccinated, could not be made to respond. Two hundred had been vaccinated previously, at periods varying from 4 to 40 years. Twenty-eight of these did not take after repeated trials. All of these 28 had good scars, and had been operated on within the last 10 years. Of the 262 secondary successful vaccinations, 231 had pronounced takes (over 88 per cent. of takes).

One of the policemen, 38 years old, a neurotic, was very sick with his vaccination and lost 14 days from duty. Outside of this case, only 21 were off duty, the total time lost being 46 days. Some of this lost time was due to coincident attacks of la grippe. Every precaution was taken against infection, and while there were 10 severe takes, there was not a case of ulceration or sloughing. Although the duties of firemen and policemen bring extraordinary exposure, still not a case of smallpox has appeared among them.—(Report furnished by Secretary of State Board of Health.)

**Medical Typewriter.**—Copying of medical articles solicited. Work neatly and accurately done, called for and delivered promptly. Dictation also taken. Reasonable rates. 43 North Farson Street, Philadelphia, Penna.

**Valuable in Convulsions.**—In the convulsions of children, in neurasthenia, in the nervous condition following ovariectomy, in nervousness arising from dysmenorrhœa, in uterine irritability caused by extreme nervousness, and, in fact, in all diseases arising from a derangement of the nervous-system, Daniel's Conct. Tinct. *Passiflora Incarnata* acts quickly and rationally as a stimulant and hypnotic.

**In Palpitation.**—"I am fond of prescribing cactina pillets in those obstinate cases of palpitation caused either by nicotine poisoning, indigestion, or derangements of the uterus and its appendages, because it produces such happy and splendid results."—Titus Albright, M.D., Hatfield, Pa.

**Wool vs. Linen.**—Apulies, an old Roman author, says: "Wool, the excretion of a sluggish body, taken from sheep, was deemed a profane attire even in the times of Orpheus or Pythagoras, but flax, that cleanest production of the field, is used for the inner clothing of man." The Dr. Deimel Linen-Mesh Underwear is a product of the field, not of the sheep.

**Every function of the body** is controlled by the nervous-system, hence, just to the extent of the nerve-lesion, will there be a depression of the vital forces. The experience of the profession proves that one of the best possible remedies for this condition is Celerina, in teaspoonful doses, four or five times a day. No one, after an intelligent use of Celerina, will deny its power to give renewed energy to the whole nervous-system.

**Antiphlogistine vs. Pneumonia.**—How does antiphlogistine abort pneumonia? and, further, how does antiphlogistine resolve pneumonic consolidation? These queries are very often made by acute observers who have attended case after case of pneumonia with favorable termination under the influence of antiphlogistine.

The action of antiphlogistine is dependent upon well-defined physiological laws,—that a most important reflex association exists between the vessels of the skin and the underlying tissue; that, when the superficial blood-vessels dilate, the deep-seated ones contract. Continuous stimulation of the cutaneous reflex maintains continued relief by persistent contraction of vessels in the inflamed area of lung tissue. Such governing action prohibits extension of the products of inflammation through infiltration by effecting rapid absorption and elimination of toxins. The infected area becomes self-limited, as the adjacent blood-vessels supply well-aërated blood to compensate for the surcharged venous blood due to pulmonic consolidation. Under reflex control antiphlogistine resolves hepatization of lung tissue, and through osmosis and dialysis assists the superficial blood-vessels and lymph spaces to drain the hyperæmic parts by direct capillarity. Lessened blood-pressure prevents administration of whipping medication to the over-burdened heart.

On the evening of March 26th, the Faculty of the Chicago Homœopathic Medical College gave a reception to the students of that institution at Beek's Hall, which was largely attended, over 300 persons being present. After an address of welcome by President Cowperthwaite, an excellent entertainment, musical and literary, was given, followed by dancing and refreshments.

**A very convenient and valuable chart** of the principal poisons and their antidotes is published by The Maltine Company, and will be promptly sent to physicians and to hospitals, dispensaries, training-schools for nurses and kindred institutions on application. Address The Maltine Company, 8th Avenue and 18th Street, Brooklyn, N. Y.

**When you have a patient** who needs treatment for nervous or mild mental diseases or drug or alcoholic addiction, bear in mind that there is an excellent sanitarium at Stamford, Conn.,—Dr. Givens' Sanitarium. This place offers superior advantages in the way of location, healthful and pleasant surroundings, and the scientific treatment that each individual case requires.



# THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

AUGUST, 1903.

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**Text-Book of Surgery.** For Students and Practitioners. By George Emerson Brewer, A.M., M.D., Lecturer on Clinical Surgery at the College of Physicians and Surgeons, Columbia University, New York; Attending-Surgeon to the City Hospital; Junior Surgeon to the Roosevelt; Consulting Surgeon to the Perth Amboy Hospital; Fellow of the American Surgical Association of the American Association of Genito-Urinary Surgeons, and of the Society of American Anatomists; Member of the New York Academy of Medicine and of the New York Surgical Society; Membre Correspondent De L'Association Française D'Urologie. Illustrated with 280 engravings in the text, and 7 plates in colors and monochrome. Lea Brothers & Co., New York and Philadelphia. 1903.

The need of a comprehensive, yet abridged, text-book on surgery, suitable for the use of students and practitioners, and presenting clearly the accepted modern views of surgical pathology and treatment, has been felt by the author of this work during his experience in teaching at the College of Physicians and Surgeons. That such a need has existed in the past is evidenced by the fact that a number of excellent manuals have appeared from time to time; that it is not adequately filled at present is, perhaps, due to the fact that the best of these have, by their success, passed into new editions, in each of which the tendency to enlarge has not been sufficiently resisted. As a result, such manuals have grown into creditable treatises, but thereby have outgrown the demand which originally called them into being.

Following these ideas the author has endeavored in the present work to give the essential facts in practical surgery as briefly as is compatible with clearness. No attempt has been made to review the historical aspects of the subjects, to describe rare conditions, or to enter into theoretical discussions regarding the nature of obscure pathologic processes. The same reason has excluded the description of more than one or two methods of treating a given surgical affection. It is often a difficult task to select from the many procedures which have been proposed, that which is most applicable and successful, but such selection is a great aid to the reader. Space has also been gained by the avoidance of quotation of authorities, except where advanced ideas are mentioned which have not yet received general recognition.

**Gynæcology.** A Text-book for Students and a Guide for Practitioners.

By William R. Pryor, M.D., Professor of Gynæcology in the New York Polyclinic Medical School; Attending Gynæcologist, New York Polyclinic Hospital; Consulting Gynæcologist, St. Vincent's Hospital, New York City Hospital, St. Elizabeth's Hospital. One hundred and sixty-three illustrations in the text. New York and London: D. Appleton & Co. 1903.

In writing this book the author has limited himself to those subjects which are strictly gynæcological, and upon which a professor of gynæcology usually has to lecture. It appeared useless to describe fully the very rare diseases, those which even one with a large clinic seldom sees, and to picture, either in text or illustration, operations now generally abandoned. To do so would be to make work too encyclopædic. The bibliography so often found in gynæcological works would be out of place in a work intended for the student and general practitioner; and it is not the province of a gynæcologist to illustrate the findings of a microscopist or of the anatomist. A text-book on diseases peculiar to women should describe those diseases and their treatment as fully as possible, and such a book is here attempted. The author at the same time has so treated the subjects that the work may interest even those of large experience. The work has been divided into two parts: in the first, the diseases are described, and in the latter the operations are given.

This arrangement admits of more unbroken and symmetrical reading. It will also enable the practical surgeon to find what he wishes without going over unnecessary matter.

The author has become convinced that works on gynæcology are made too general and discuss subjects which properly belong to, and are better treated of, in other departments, notably surgery and pathology. It has seemed to him that but a few pages of the modern works upon gynæcology are devoted to a description of diseases peculiar to women—those upon which a professor of gynæcology in any of the colleges has to lecture. Therefore, a student or practitioner reading one of the modern books upon gynæcology will become impressed with the fact that there is much overlapping, and that he will have presented for his consideration, as gynæcological, matters which strictly belong to other branches of medicine.

By confining himself strictly to gynæcological topics, the author has sufficient space to devote to those subjects which are solely within his province.

Most of the illustrations are original and have been made by eminent artists, and those which have been borrowed are of equally high grade. The work is chiefly notable for the absence of bacteriology and minute anatomy, and to the prominence given to non-operative as well as operative treatment.

**Surgical Diseases of the Abdomen.** With Special Reference to Diagnosis. By Richard Douglas, M.D. Formerly Professor of Gynæcology and Abdominal Surgery, Medical Department, Vanderbilt University, Nashville; ex-President of the Southern Surgical and Gynæcological Association; Fellow of American Association of Obstetricians and Gynæcologists; Member of the British Gynæcological Association, etc. Illustrated by 20 full-page plates. Philadelphia: P. Blakiston's Son & Co., 1012 Walnut Street. 1903.

As a teacher and practical worker in the special field of abdominal surgery for eighteen years, the author has found it necessary to rely largely upon journal literature for guidance. Reliable sources of information have not always been available, and on this account much of his work has been done in a manner to him unsatisfactory. He therefore undertook a systematic study of those conditions within the abdomen which require surgical relief, relying upon his clinical experience to aid him in the choice and method of consideration of subjects, and the selection from general literature of the material which has proved to him of greatest value. The facts here presented are only such as have seemed to him of practical usefulness and as have borne the test of application.

The author's effort has been to elucidate the difficulties of diagnosis by a more thorough study of the causes and nature of these conditions, and make possible a preparatory knowledge, which not only is essential to perfection in operative technique, but which will deter the conscientious operator from undertaking tasks beyond his skill.

The description of operative technique is lavishly and profusely given in numerous text-books, and its reproduction here has been deemed unnecessary and somewhat opposed to the purpose of this work. It was deemed sufficient to indicate the proper surgical procedure and to discuss some of the open questions involving the operative treatment and after-management of abdominal cases.

**Microscopy and Bacteriology.** A Manual for Students and Practitioners. By P. E. Archinard, A.M., M.D., Demonstrator of Microscopy and Bacteriology, Tulane University of Louisiana, Medical Department. Series edited by V. C. Pedersen, A.M., M.D., Instructor in Surgery and Assistant Anæsthetist at the New York Polyclinic Medical School and Hospital; Deputy Genito-Urinary Surgeon to the Out-Patient Department of the New York Hospital; Physician-in-Charge, St. Chrysostom's Dispensary; Anæsthetist to the Roosevelt Hospital (First Surgical Division). Illustrated with 74 engravings. Lea Brothers & Co., Philadelphia and New York.

In arranging for the editorship of The Medical Epitome Series, the publishers established a few simple conditions, namely, that the series as a whole should embrace the entire realm of medicine; that the individual volumes should authoritatively cover their respective subjects in all essentials; and that the maximum amount of information, in letter-press and engravings, should be given for a minimum price. It was the belief of publishers and editor alike that brief works of high character would render valuable service not only to students, but also to practitioners who might wish to refresh or supplement their knowledge to date.



The scope of an Epitome of Bacteriology and Microscopy obviously affords little or no opportunity for original work, nor indeed would it be desirable to do more than represent the actual status of these cognate sciences. Standard text-books have accordingly been consulted freely. The merit of this epitome consists in affording a concise and clear presentation of essentials, command of which enables the student to build a sound superstructure of knowledge. The practitioner may also use such a volume to post himself on the main facts of Bacteriology and Microscopy, and the technique. The list of questions appended to each chapter will be useful to students in quizzing and reviewing.

**Medical Jurisprudence.** A Manual for Students and Practitioners. By Edwin Welles Dwight, M.D., Instructor in Legal Medicine, Harvard University. Series edited by V. C. Pedersen, A.M., M.D., Instructor in Surgery and Assistant Anæsthetist at the New York Polyclinic Medical School and Hospital; Deputy Genito-Urinary Surgeon to the Out-Patient Department of the New York Hospital; Physician-in-Charge, St. Chrysostom's Dispensary; Anæsthetist to the Roosevelt Hospital (First Surgical Division). Lea Brothers & Co., Philadelphia and New York.

This volume is intended only as a brief compendium of the facts in connection with legal medicine which should be a part of the knowledge of every practicing physician. It is more especially for the use of students, and is, of course, not intended to cover the ground exhaustively.

**Progressive Medicine.** A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., assisted by H. R. M. Landis, M.D. Vol. II. June, 1903. Surgery of the Abdomen, including Hernia,—Gynæcology,—Diseases of the Blood and Ductless Glands, the Hæmorrhagic Diseases, Metabolic Diseases,—Ophthalmology. Lea Brothers & Co., Philadelphia and New York. 1903.

The current volume of *Progressive Medicine* contains four notable contributions. Coley, of New York, presents a masterly review of abdominal surgery, and includes with it hernia, a subject concerning which no one can speak more authoritatively. Clark, of Philadelphia, records the advances in gynæcologic science, and incidentally contributes an admirable chapter on cancer of the uterus. Stengel, of Philadelphia, reviews in detail the year's contributions to our knowledge of hæmatology, together with the disease of the ductless glands and the hæmorrhagic diseases; and Jackson, also of Philadelphia, contributes an interesting *resumé* of a twelve-months' advances in ophthalmology. No physician should deprive himself of the broad knowledge afforded by each issue of *Progressive Medicine*.

**International Clinics.** A Quarterly of Illustrated Clinical Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pædiatrics, Obstetrics, Gynæcology, etc., by leading members of the medical profession throughout the world. Edited by A. O. J. Kelly, A.M., M.D., Philadelphia. Volume II., Thirteenth Series. 1903. Philadelphia: J. B. Lippincott Co.

The important feature of this number of the clinics is the valuable symposium on the summer diarrhœas of children, which goes to make up the first 64 pages of the volume. The authors are all pædiatrists of note, thus making the information imparted bear the stamp of authority. They include Hand and Westcott, of Philadelphia; Cotton, of Chicago; Nicoll, of New York; and Marfan, of France. Opie's article on the Pancreas, and its symptoms and treatment, bears the impress of originality of thought. The articles on Treat-

ment include "Trunecek's Serum in Arteriosclerosis;" "Practical Notes on the Prophylactic and Curative Treatment of Influenza, Malaria, Erysipelas and Ozæna;" "The Rest Treatment, When Indicated and How Conducted."

The medical articles include "The Etiology, Prevention and Treatment of a Common Cold," by Haig; "Peripheral Causes of Heart-Disease," by Bishop; "Endocarditis in Childhood Considered as a Symptom of Infective Diseases," by Poynton; and "The Etiology and Diagnosis of Valvular Affections of the Heart," by Satterthwaite. In addition to the above, the volume includes valuable articles bearing on obstetrics, surgery, pædiatrics, gynæcology and ophthalmology.

**American Institute of Homœopathy.**—The Fifty-Ninth Annual Session of the American Institute of Homœopathy was held in Boston, Mass., June 22-27, 1903. A preliminary meeting, President Cobb presiding, was held in the afternoon. The formal opening occurred on Monday evening, June 22d, in the ball-room of the Hotel Somerset. Dr. John P. Sutherland, chairman of the local committee of arrangements, called the meeting to order, and the Rev. Edward Everett Hale offered up the invocation. Governor Bates was then introduced and extended a greeting on behalf the State, saying in part: "It is a pleasure to welcome you as belonging to an unselfish profession that is devoted to the welfare of humanity. We welcome you to Massachusetts, and trust you may have a great share of pleasure and profit from your stay among us." A letter from Mayor Collins, expressing regret at his unavoidable absence, and offering the city's welcome, was read by Dr. Frank C. Richardson, and then Dr. John P. Sutherland gave his address on behalf of the homœopaths of Massachusetts: "Only three times in the history of the Institute," he said, "has it come to claim the hospitality of Boston, and it is thirty-four years since its last claim was made. Since that last meeting in Boston it has made great progress, and now has in Massachusetts alone over 900 physicians, as well as a laity of over 500,000; a hospital with 225 beds, providing for over 3000 patients, and a great dispensary, with upward of 19,000 patients. Meanwhile, its medical school was represented on commencement day by nearly 1000 alumni."

President Joseph P. Cobb then proceeded to deliver the response to the addresses of welcome. "In 1869," he said, "there were in Boston only 58 homœopathic physicians, in Massachusetts about 300, in New England 700, in the United States less than 4000. To-day there are nearly as many homœopathic physicians in this Commonwealth as could be counted in the whole United States in 1869. In 1869 the Institute numbered only 511 members; the homœopathic profession about 4000; the clientele of our school less than 5,000,000. To-day more than 15,000 homœopathic physicians enjoy an honorable position in this country, while the clientele of our school now numbers more than 15,000,000."

President Cobb then delivered his annual address, in the course of which he advocated high educational standards and the continuance of two distinctive schools of medicine.

*Tuesday, June 23d.*

Promptly at 9 A.M. the business meeting was called to order, and reports were from the treasurer, Dr. T. Franklin Smith, and from the committees on Memorial Services, Transportation, Publication, etc. Letters were read from a number of absent members, nominations of officers for the ensuing year were made, and the meeting adjourned.

The general meeting, under the auspices of the Bureau of Pædology, was held in the ball-room at 10 A.M. Dr. Annie Whitney Spencer, of Batavia, Ill.,



the chairman, presided, and after an opening address two papers were presented to the society for discussion. At the conclusion of this meeting, at 11.30 A.M., the Bureau of Sanitary Science and Public Health was called to order by the chairman, Dr. John P. Sutherland. Dr. J. Arnold Rockwell, of Cambridge, the secretary of the Bureau, presented a paper on "Twentieth Century Sanitation," which comprehensively described and criticised the latest sanitary advances, especially referring to river-pollution, sewage disposal and water-supplies. He was followed by Dr. J. D. Buck, of Cincinnati, who presented a paper on "Mental and Physical Calisthenics in the Education of the Young." This was discussed by E. H. Pratt, M.D., and Charles Gatchell, M.D., of Chicago, and F. Park Lewis, of Buffalo.

At 2.30 P.M. meetings were held by the Obstetrical Society and the O., O. and L. Society.

Meanwhile, in the red parlor, the Senate of Seniors met in annual session. Dr. Hiram L. Chase, the president, called the meeting to order and a paper on "Ethics" was read by General M. O. Terry, after which it was discussed from various standpoints, as follows: Dr. T. Y. Kinne, "Political Ethics Among Medical Men;" Dr. J. D. Buck, "Is There Developed Ethics Among the Lower Animals?" Dr. H. F. Biggar, "Forensic Ethics;" Dr. E. H. Pratt, "Ethics in Legislative Matters Among Medical Men;" Dr. C. E. Walton, "Deductions on Ethics in Relation to Man as a Whole."

The Alumni Conclave was held in the evening in Symphony Hall, where a thousand Institute members and their friends spent the evening seated about the small tables, while they listened to an admirable concert by the Boston Symphony Orchestra. Each alumnus wore his college colors, and between the musical numbers passed freely from table to table in search of classmates and friends.

*Wednesday, June 24th.*

The business meeting, held at 9 A.M., was chiefly remarkable for the large number of applications for membership, of which 130 were received.

At 10 A.M. the Bureau of Homœopathy, presided over by Theodore Y. Kinne, M.D., of Paterson, N. J., opened its general meeting. In his opening remarks Dr. Kinne said: "Homœopathy is not keeping step with the increase of population. Why is not our march triumphant now as in years gone by? Because you and I have not consistently practiced what we professed. We have been too occupied in our personal success and have cared too little for the common weal. The sooner we return to first principles, the stronger will be our position. Sure it is that nothing evolved can shake our foundation."

The opening paper was read by Dr. Charles Gatchell, the secretary of the Institute, whose subject was "On the Mode of Action of Drugs in the Crude Form and in Dilute Solution, with an Attempted Interpretation of Hahnemann's Theory of Dynamization," giving a scientific explanation of homœopathy, considering the action of the school's remedies from the principle of dissociation of molecules. Other papers were by Dr. H. C. Allen, of Chicago, on "The Key-Stone of a Prescription;" Dr. Pemberton Dudley, of Philadelphia, on "Individualize? Why?" and Dr. Thomas G. McConkey, of San Francisco, on "The Examination of the Patient."

In the afternoon, meetings were held by the Surgical and Gynæcological Society, the O., O. and L. Society and the Obstetrical Society. These continued during the evening, at which time the opening session of the National Society of Electro-Therapeutists held its X-ray conference.

Immediately after the morning session the election of officers took place by ballot, the polls remaining open for two hours. The result was as follows: *President*, John P. Sutherland, Boston; *First Vice-President*, H. E. Beebe,



Sidney, O. ; *Second Vice-President*, Annie Whitney Spencer, Batavia, Ill. ; *Secretary*, Charles Gatchell, Chicago, Ill. ; *Treasurer*, T. Franklin Smith, New York ; *Registrar*, J. Richey Horner, Cleveland, O. ; *Censor*, W. E. Riley, Fulton, Mo.

*Thursday, June 25th.*

At 9 A.M. the business meeting came to order and a number of reports were presented. At 9.30 A.M. these gave way to the special order of business,—the selection of a meeting place for 1904. By a close vote Niagara Falls was selected in preference to Saratoga Springs.

The election of officers was then announced and the report was received with great enthusiasm. In response to repeated calls, Dr. Sutherland, the newly-elected president, spoke a few words in which he accepted the honor as a tribute to his colleagues in Boston, rather than for himself.

The proposed change in the Nominating Committee, providing that in future it shall be composed of the ex-presidents of the Institute, excited a warm debate; at a later session it was laid on the table.

At 10.30 A.M. the Bureau of Materia Medica, George Royal, M.D., chairman, opened its general meeting. After outlining the work of the session, the chairman introduced Dr. J. Herbert Moore and Dr. J. C. Fahnestock, each of whom presented an admirable paper. Dr. H. P. Bellows spoke before the Bureau on "The Future of Drug-Proving in the Light of the Test-Proving of the Ophthalmological, Otological and Laryngological Society." He alluded to the test-proving of a single drug, which had been conducted under the auspices of the society, with reference to the development of drug-effects upon the healthy human organism, which would be accurate even in the details required by specialists. He also urged the establishment of an institute of drug-proving.

Other papers read were: "The Materia Medica," by Dr. J. Herbert Moore, Brookline; "How to Teach Materia Medica," by Dr. J. C. Fahnestock, Piqua, O.; "Repetition of the Dose," by Dr. W. A. Dewey, of Ann Arbor, Mich.; and "How to Prove Drugs," by Dr. Charles Mohr, of Philadelphia.

Sectional meetings were held by the Bureau of Pædology, the Electro-Therapeutical Society, the Surgical and Gynæcological Society and the American Homœopathic Ophthalmological, Otological and Laryngological Society. The Institute committee appointed to consider the question of co-operation with the Ophthalmological Society advised co-operation by the Institute, rather than an attempt to rival the work of the society.

At the meeting of the National Association of Homœopathic Members of Examining and Licensing Boards, it was decided to favor this basis of reciprocal medical registration throughout the United States: A certificate of registration showing that an examination has been made by the proper board of any State, on which an average grade of not less than 75 per cent. was awarded, the holder thereof having been at the time of said examination the legal possessor of a diploma from a medical college in good standing in the State where reciprocal registration is sought, may be accepted in lieu of examination as evidence of qualification.

The harbor trip, scheduled for 4 P.M., had to be abandoned, and in its stead a vaudeville was announced for 8 P.M. At this over a thousand members and their friends gathered and enjoyed a fine performance, followed by refreshments. During the evening the Seniors also had their annual dinner.

*Friday, June 26th.*

At the business meeting resolutions regarding the restriction of child-labor were adopted, resolutions urging all subsidiary societies to become part of the Institute were discussed, and on the report and recommendation of the Senate

of Seniors Dr. W. A. Shepard, of Colorado Springs, was expelled from the Institute for "unprofessional and unethical conduct."

The scientific meeting of the morning was that of the Bureau of Clinical Medicine, which met for the first time during the convention. Dr. Walter Sands Mills, of New York, the secretary, presided, and after a brief introductory address presented Dr. E. G. Rankin, of New York, who read a paper on "Observations on the Treatment of Pulmonary Tuberculosis, with a Report of the Tuberculosis Infirmary of the Metropolitan Hospital." Papers were also read by Dr. J. P. Rand, of Monson, on "Pneumonia in the Aged;" Dr. H. C. Clapp, of Boston, on "Massachusetts State Sanatorium for Consumptives, at Rutland, Mass.;" and by Dr. C. E. Tennant, of Denver, Colo., on "The Influence and Limitations of Certain Climatic Elevations upon Pulmonary Tuberculosis." The meeting of the Bureau was continued during the afternoon. The papers were entitled: "Bad-Nanheim: Some Observations," Dr. N. Emmons Paine, West Newton; "Treatment of Gastric Ulcer," Dr. Clarence Bartlett, Philadelphia; "Demonstration of the Bianchi-Smith Method of Outlining the Heart," Dr. G. F. Laidlaw, New York.

During the afternoon the Bureau of Materia Medica completed its session. Meetings were also held by the Surgical and Gynecological Society and the Electro-Therapeutical Society.

On Friday evening at 8 o'clock memorial services were held in the Hotel Somerset in honor of the members of the Institute who have passed away during the last year. Dr. Edward Beecher Hooker presided. After an invocation by the Rev. J. Snyder, of Wellesley Hills, and music by the Harvard Male Quartette, Dr. Hooker, in the absence of the necrologist, Dr. C. A. Weirick, read the list of twenty-eight deceased members. Eloquent addresses were then given by Dr. John Prentice Rand, on "The Relation of the Physician to the Public," and by Prof. Flavel S. Luther, of Trinity College, Hartford, on "The Relation of the Public to the Physician."

#### *Saturday, June 27th.*

At a brief business session reports were heard from the Committees on Pharmacopœia and on New Membership and Registration. Appointments for the following year were read by the president, and the session was finally adjourned.

#### NOTES.

*The Surgical and Gynecological Society*, under the presidency of Dr. O. S. Runnels, held meetings at the Somerset on Wednesday, Thursday and Friday. Twenty-five papers, in all, were read, and elicited spirited discussions from the large gathering of representative surgeons.

*The Ophthalmological, Otological and Laryngological Society* met at the Somerset two days in advance of the meeting of the Institute. No positive action toward affiliation with the Institute was taken. In the course of its nine sessions no less than thirty papers were read and discussed.

*The National Society of Electro-Therapeutists* held three sessions, one of which was given up to X-ray work, and another to neurology. It is proposed to so enlarge the scope of the society as to include the neurologists, and a committee was appointed to consider this purpose, as well as to arrange for the affiliation of the society with the Institute.

*The Obstetrical Society* met in its second annual session on Tuesday and Wednesday afternoons. The president, Wm. D. Humphrey, M.D., addressed the society on the question of selection in marriage and the wisdom of legal supervision of marriage. Eight papers were presented and elicited active discussion.



*The Meissen.*—The ladies who were present as visitors at the Institute meeting received a warm welcome from Boston's women. Among the chief events were a reception tendered by Dr. and Mrs. Paine in West Newton, a four-hour drive through Boston's admirable park-system, with a stop for lunch at the Country Club, and a musicale on Wednesday evening. In addition, teas were held each afternoon, and no hour of the day was left unprovided for.

*The Educational Exhibit.*—A year ago it was determined that the medical schools should be encouraged to exhibit such specimens, particularly those of laboratory origin, as would illustrate their teaching methods. Boston University Medical School and Hahnemann, of Philadelphia, were the only institutions represented this year, but between them they completely filled the allotted space. The Philadelphia exhibit was under the charge of Prof. Rufus B. Weaver, and, as usual, attracted wide interest from both profession and public.

*The Trade Exhibits* in the dining-hall of the Charlesgate were extensive and interesting—in fact, it was considered the best ever held in connection with the congress. Forty-two houses were represented, the allotted space being entirely occupied.

The New Jersey State Homœopathic Medical Society held its fiftieth annual session at the Hathaway Inn, Deal Beach, on June 3d and 4th. A large attendance of physicians was on hand to celebrate the society's semi-centennial. Dr. James F. Ackerman, of Asbury Park, the president, presided, and the invocation was pronounced by the Rev. James C. Egbert, D.D., the same clergyman who offered the prayer at the first meeting of the society half a century ago. An historical address was made by the corresponding secretary of the society, Dr. Wallace McGeorge, of Camden, who reviewed the details of the society's life during its first two decades. Dr. McGeorge was requested by a unanimous vote to complete his history down to the present time.

A reception and banquet was held at the Hathaway Inn on Wednesday evening, and was attended by a large number of physicians and their wives. Dr. Fred. B. Mandeville, of Newark, presided, and called for responses to toasts as follows: "The Freedom of Deal Beach," Enoch L. Cowart, Esq.; "Liberal Education," Rev. Dr. Taylor; "D.D.'s and M.D.'s," W. R. Wedder- spoon, M.D.; "Surgery of the School," Edward G. Tuttle, M.D.; "Welcome to Deal," Ella P. Upham, M.D.; "The Women of the Profession," Mary G. Cummins, M.D.; "Reminiscences," Theo. Y. Kinne, M.D.; "Law and Other Uncertain Things," Ralph C. Ely, Esq.; "Reminiscences," Rev. Jas. C. Egbert, D.D.; "Hahnemann," Aug. Korndærfer, M.D.; and "Our State Society," Jas. F. Ackerman, M.D. The addresses were interspersed by music furnished by the Hathaway Inn Orchestra.

Thursday was devoted to scientific matters. Dr. E. M. Gramm, of Philadelphia, discussed "The Present Status of X-Ray Therapy;" Dr. Howard Percy Deady presented a paper on "The Early Diagnosis of Pulmonary Tuberculosis;" and Dr. Edward Rushmore wrote of "The Homœopathic Materia Medica."

The following officers were elected: *President*, Dr. John R. Fleming, of Atlantic City; *First Vice-President*, Dr. Bernard Clausen, of Hoboken; *Second Vice-President*, Dr. E. S. Sheldon, of Collingswood; *Third Vice-President*, Dr. Mary G. Cummins, of Paterson; *Recording Secretary*, Dr. Isaac Cooper, of Trenton; *Corresponding Secretary*, Dr. Wallace McGeorge, of Camden; *Treasurer*, Dr. F. C. Carpenter, of Newark; *Necrologist*, Dr. Theo. Y. Kinne, of Paterson; *Board of Censors*, Drs. Ella Prentiss Upham, W. J. Andrews, B. F. Rabe, C. C. Strangler and Caldwell Morrison. The next semi-annual meeting will be held at Atlantic City in October.



The Germantown Homœopathic Medical Society held its July meeting on the evening of Monday, the 20th, on board the excursion steamer *Sylvan Dell*. While sailing down the Delaware, the large number of members present listened to an interesting paper by Dr. N. F. Lane. Later, an elaborate luncheon was served, and the remainder of the evening was spent in enjoyment of the river journey. It was not until long after midnight that the club reached the city again.

The Midsummer Meeting of the Homœopathic Practitioners' Association of Reading, Penna., was held at the Summit Hotel, on Mount Penn, on July 21st. As usual, the meeting was attended not only by the physicians of Reading and the neighboring towns, but by large delegations from Philadelphia and Chester. Dr. O. S. Haines, of Philadelphia, presented a paper entitled "The Undiscovered Lesion," in which he made a strong plea for thorough diagnostic methods on the part of homœopathic practitioners. Dr. C. R. Haman, of Reading, discussed "The Diagnosis and Treatment of Appendicitis," in an interesting way. Both papers elicited prolonged discussion, after which dinner was served, and the remainder of the afternoon was devoted to the social amenities.

The William B. Van Lennep Clinical Club held its annual outing at "The Orchard," the country home of the Athletic Club of Philadelphia, on Tuesday, July 14th. After the usual strenuous base-ball game the club and its guests enjoyed an elaborate dinner.

The J. Lewis Crozer Hospital, of Chester, Pa., the magnificent institution endowed with \$500,000 by the late J. Lewis Crozer, and now completed under the direction of his widow, was opened with impressive ceremonies on Friday, July the 17th. Many physicians from the neighboring cities and towns were present, and previous to the dedication a profitable hour was spent in inspecting this latest admirable addition to homœopathic institutions for the care of the sick.

**Personal.**—Dr. J. W. Hassler has removed to 861 North Broad Street. Anæsthesia and surgery.

Dr. Thomas M. Stewart, eye, ear, throat and nose surgeon, announces his removal to suite 605-606 Traction Building, Fifth and Walnut Streets, Cincinnati. Hours, 9 to 1 and 3 to 5. Telephone, Main 3426.

Dr. G. Maxwell Christine and his son, Gordon, sailed from New York for Europe. The doctor will spend two months in visiting the prominent hospitals of England and the Continent, and expects to return about the middle of September.

Dr. William C. Goodno is spending his summer in Colorado and on the Pacific Coast.

Dr. J. Nicholas Mitchell is enjoying a vacation in Europe.

Dr. J. R. P. Gray has completed his work in Johns Hopkins University, and is spending the summer at Chester, Nova Scotia, where, in association with Dr. Charles E. Simon, of Baltimore, he is carrying out extensive researches in comparative physiology and pathology, notably in regard to the blood of fishes. On his return to his home in Chester, Pa., in the early autumn, Dr. Gray will take up his duties as pathologist to the new J. Lewis Crozer Hospital.

Early in August Dr. F. Mortimer Lawrence will occupy his new offices on the second floor of the Professional Building, 1831-3 Chestnut Street, Philadelphia.

**Married.**—Mrs. Fredericka M. Greiner announces the marriage of her daughter, Clara Elizabeth, to Dr. Ralph Ehrlen Getelman, '03, Wednesday, July 15, 1903. At home, Wednesdays in September, 939 Belmont Avenue.

**Obituary.**—CAMILL S. FAHNESTOCK, M.D., a well-known member of the faculty of Hahnemann Medical College, Chicago, died at La Porte, Ind., on July 5th, aged 56 years.

DAVID McLELLAN, M.D., of West Hoboken, N. J., a graduate of Hahnemann Medical College, Chicago, in 1880, died on June 1st, aged 68 years.

CHESTER W. SCOTT, M.D., of Lawrence, Mass., a graduate of Hahnemann Medical College of Philadelphia in the class of 1854, died on June 11th, aged 71 years.

JOHN W. SYKES, M.D., of Pittsburg, Pa., died at Ocean Grove, N. J., on May 29th, aged 76 years. He was a graduate of Hahnemann Medical College of Philadelphia in 1855.

CHARLES J. WRIGHT, M.D., of Glenville, Ohio, died in Cleveland on June 1st, aged 28 years. He was graduated from the Cleveland Homœopathic Medical College in 1898.

L. T. HAYWARD, M.D., a graduate of the Boston University School of Medicine in 1874, died at Cottage City, Mass., on June 22d, aged 54 years.

JAMES DICKSON, M.D., died in Canal Dover on July 2d. He was graduated from the Homœopathic Hospital College, Cleveland, Ohio, in 1875.

W. S. DICKSON, M.D., died in Portsmouth, Ohio, on June 30th, aged 64 years. He was graduated from Pulte Medical College in 1886.

ASA V. HUTCHINS, M.D., died in Chicago, Ill., on July 6th, aged 59 years. He was a graduate from the Hahnemann Medical College of Chicago in 1883.

WILLIAM KNIGHT ADAMS, M.D., a son of Dr. T. Louis Adams, of Philadelphia, and a graduate of Hahnemann Medical College in the Class of 1902, passed away, after a long illness, on July 17th. His age was 23 years.

**New York Letter.**—Dr. Chas. C. Boyle will be in his office, 49 West 37th Street, on Mondays and Wednesdays during August and September.

Dr. Daniel E. S. Coleman has located at 70 West 131st Street: 11 to 1, 5 to 7, and on Sundays, 10 to 11. Telephone, 2104 Harlem.

Dr. George F. Raynor has removed to 1730 Washington Ave., cor. 174th Street. Telephone, 130 Tremont.

Dr. Bert B. Clark, 171 West 126th Street, announces a temporary change in hours during July and August: Mornings, from 9 to 11; evenings, on Mondays, Wednesdays and Fridays, from 5 to 7.

Dr. H. E. Russell, 30 East 74th Street, will be at Woodland, Ulster co., till October 1st. His patients are referred to Dr. J. E. Ambler, 134 East 19th.

Dr. A. Worrall Palmer will be at Sunset Park Inn, Haines Falls, N. Y., till September 1st.

**Metropolitan Hospital:** The present house-staff is made up as follows: Chief of staff, Dr. J. B. Mickle, E. M. I., Cinn., also P. G. courses E. M. I. and N. Y. H. M. C. and H.; Drs. Geo. A. Strader, J. D. Schofield, F. H. Brown, S. B. Wakefield, L. B. Amsbry, Edward Harris, J. M. Hanna and J. M. Leonard, all of Hahnemann, Philadelphia; Drs. C. M. Todd, T. D. Blair, W. C. Thompson, J. E. Tutler, E. J. Miller, C. E. Paine, P. D. Saylor and C. W. Datesman, all of N. Y. H. M. C. and H.; Dr. H. B. Campbell, U. of Penna., and Dr. E. Thum, Bellevue, N. Y.

John Hutchinson, M.D.

**Resolutions on the Death of Dr. Russell P. Fay.**—At the 40th semi-annual meeting of the Westchester County Homœopathic Medical Society, held on May 28th, at the office of Dr. L. J. Roberts, Centre Avenue, New Rochelle, New York, the committee appointed by the president, Dr. Hall, reported as follows:

Your committee recommends the following informal resolution:

Dr. Russell P. Fay, our esteemed fellow-member, having been called to the



great unknown by an inscrutable Providence, we, the members of the Westchester County Homœopathic Medical Society, collectively and individually, sadly pause to express and record our deep sense of personal loss and sorrow.

Dr. Fay's course in life had been marked at every step, from childhood till the moment of his untimely death, by signal, honorable success. He had passed nobly through the struggling periods of his life's work, and was just fairly beginning to receive the honors and laurels due him from an appreciative profession, community and clientage.

Dr. Fay was a dutiful son, an affectionate brother, a devoted, fond and faithful husband and father, an honored and esteemed citizen, a loyal friend, and an *ideal physician*.

We extend to his stricken family our sincerest sympathy.

We direct that this statement of our high regard for Dr. Fay's memory be spread upon the minutes of this Society, and that copies be sent to his widow and his aged parents, and that it be printed in the medical journals and elsewhere as the president and secretary of this Society may direct.

Dr. R. Oliver Phillips,

*Chairman.*

Dr. Horace G. Keith,

*Secretary.*

**Announcement.**—The Seventeenth Yearly Post-Graduate Course in Official Surgery, by E. H. Pratt, M.D., will be held in the Amphitheatre of the Chicago Homœopathic Medical College, corner Wood and York Streets, Chicago, Illinois, during the week beginning with September 7, 1903, having a four hours' daily session.

Doctors invited to bring obstinate cases of every variety of chronic disease. For particulars, address E. H. Pratt, M.D., 100 State Street, Suite 1203, Chicago, Illinois.

**Recent Bequests to Homœopathic Institutions.**—Among the bequests of the late Harriet Lane Johnston, of Washington, was one of \$1500 to the National Homœopathic Hospital. The late Mrs. Sarah Billough, of Philadelphia, bequeathed \$5000 to the Children's Homœopathic Hospital.

**Water to be Purified with Ozone.**—It is well known that ozone may be liberated in water by a process of electrolysis, and the recent Chemical Congress in Berlin has revived interest in that method as a possible method of purifying the water-supplies of large cities. It is said that tests were made with water artificially impregnated with the most virulent germs, including those of cholera and dysentery, and this water was pumped through an ozonizing tower and then examined. All the germs were killed, which is more than passage through sand-filters can accomplish. Moreover, the increased amount of oxygen in the water improves its potability.

**The Prevalence of Tuberculosis in Philadelphia.**—A map issued by the Phipps Institute for the Prevention and Cure of Tuberculosis shows the localities in the city where pulmonary tuberculosis is most common. As might be expected, the district lying south of Market Street and east of Broad Street has more tuberculosis than all the rest of the city. This section is inhabited largely by the foreign-born, and especially by the poorer class of Jews, who herd together and live on meagre fare, cleanliness and pure air being absolutely unattainable.

**Smallpox in Pennsylvania.**—The Keystone State holds the unenviable record of containing nearly one-fourth of all the smallpox cases in the United States. A recent report gives the total number of cases in the country as 1702, of which Indiana has 601, Colorado 529, and Pennsylvania 408. Of the other States, Minnesota has 53, New York 49, Michigan 30, and Massachusetts 26, while most of the remaining States report but one or two cases.



# THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

SEPTEMBER, 1903.

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**A Thesaurus of Medical Words and Phrases.** By Wilfred M. Barton, M.D., Assistant to Professor of Materia Medica and Therapeutics, and Lecturer on Pharmacy, Georgetown University, Washington, D. C.; and Walter A. Wells, M.D., Demonstrator of Laryngology and Rhinology, Georgetown University, Washington, D. C. Handsome octavo of 534 pages. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Flexible leather, \$2.50 net; with thumb index, \$3.00 net.

This work is the only Medical Thesaurus ever published. It performs for medical literature the same services which Roget's work has done for literature in general; that is, instead of, as an ordinary dictionary does, supplying the meaning to given words, it reverses the process, and when the meaning or idea is in the mind, it endeavors to supply the fitting term or phrase to express that idea. To obviate constant reference to a lexicon to discover the meaning of terms, brief definitions have been given before each word. As a dictionary is of service to those who need assistance in interpreting the expressed thought

of others, the Thesaurus is intended to assist those who have to write or to speak to give proper expression to their own thoughts. In order to enhance the practical application of the book, cross references from one caption to another have been introduced, and terms inserted under more than one caption when the nature of the term permitted. In the matter of synonyms of technical words, the authors have performed for medical science a service never before attempted. Writers and speakers desiring to avoid unpleasant repetition of words will find this feature of the work of invaluable service. Indeed, this Thesaurus of medical terms and phrases will be found of inestimable value to all persons who are called upon to state or explain any subject in the technical language of medicine.

**Plague:** Its History, Symptomatology, Etiology, Forms, Morbid Anatomy, Diagnosis, Prognosis, Prevention and Homœopathic Treatment. By S. C. Ghose, M.D. Published by the Hahnemann Home, Calcutta.

This valuable addition to the literature of Plague is from the pen of our distinguished Indian colleague, Dr. S. C. Ghose, the author of *Cholera and its Homœopathic Treatment* and other monographs. The author had already written several papers upon this subject, notably those published in *Homœopathic World*, and the one presented at the Sixth International Congress. In this volume we have collected the experience of those practitioners of our school who have had most experience with the dread malady; as it is unfortunately apparent that the plague has now fixed its abode permanently in India. The indications for the remedies mentioned are briefly and clearly given, and many suggestions in the way of preventive measures and dietetic management are also offered. It is hardly likely that plague will reach epidemic proportions in this country, where, at the present time, so much attention is given to municipal and suburban hygiene and sanitation; yet it is not impossible that we shall meet some cases of the disease. Dr. Ghose refers to the preventive powers of *ignatia*. This remedy has been used both internally and also externally; as an amulet. It has been thought to have prophylactic powers when so used.

**Hahnemann Medical College and Hospital of Philadelphia.**—Supplementary Announcement Session of 1903-4.—Referring to the Fifty-Sixth Annual Announcement, a copy of which has already been forwarded, the Faculty hereby calls your attention to a modification of the requirements for matriculation and admission, as stated below.

It is desirable that all students who contemplate taking the course beginning September 29, 1903, be provided with the necessary credentials on, or, preferably, before that date.

In the absence of a diploma or certificate, as required by the regulations, the enclosed blank must be carefully filled out and returned to the Dean. It will then be submitted to the State Examiner, who will accept it so far as the subjects pursued, and the extent covered in each, shall meet the requirements for entrance. The examiner's report will be promptly forwarded to the applicant.

The examinations required to be made by the State Examiners of Pennsylvania will be held at Philadelphia and Pittsburg, September 27 and October 9, 1903. They will include the subjects named, within the limits given. Applicants will take only such subjects as are not satisfactorily covered by credentials submitted.

The Faculty desires to announce also that the college building has been completely renovated, and every care taken to insure the comfort and welfare of students. It is also worthy of note that the hospital is to be remodeled and enlarged, so that the bed capacity will be nearly doubled. The additional

buildings about to be erected, as shown by outline plan, will involve an expenditure of about \$300,000.

By order of the Faculty,

CHARLES M. THOMAS, M.D., *Dean*.

CHARLES MOHR, M.D., *Registrar*.

*Hahnemann Medical College and Hospital of Philadelphia.*

Requirements and preliminary education necessary for matriculation and entrance to freshman class in the Hahnemann Medical College and Hospital of Philadelphia.

1. The applicant is required to present at the time of matriculation the certificate of an accredited physician that he is at least seventeen years old, that he possesses a good moral character, and that he is otherwise qualified for the study of medicine. (A blank form of the required certificate will be found herewith.)

2. To be admitted to the freshman class the matriculate must present one of the following evidences of possessing the requisite qualifications: (a) The diploma or certificate of a literary or scientific college, high school, normal school or academy. (b) A teacher's permanent certificate issued by a county or State superintendent of public schools. (c) The certificate of a legally authorized State Examining Board.

3. A matriculate who cannot present one of the above certificates will be admitted to the freshman class after passing a satisfactory examination on the following subjects to the extent indicated:

*Language.*

(A)—*Grammar and English Composition.*

Text-book: Reed and Kellogg, or Metcalf.

(B)—*Latin* (equivalent to one year's study).

Text-book: Bennett's Foundations of Latin, or Collar and Daniel's First Year Latin.

*History.*

(A)—*History of the United States.*

(B)—*Constitution of the United States.*

Text-book: McMaster's or Scudder's School History.

*Mathematics.*

(A)—*Arithmetic* (including metric system and mensuration).

(B)—*Algebra* (to quadratics); or

(C)—*Plane Geometry* (four books).

Text-books: Arithmetic, Brooks or Milne; Algebra, Wentworth (Elements); Plane Geometry, Wells (Essentials).

*Science.*

(A)—*Physics* (elementary); or

(B)—*Chemistry* (elementary).

Text-books: Physics, Cooley; Chemistry, Platt.

Other text-books than those above mentioned may be used by teacher or student, provided they cover the subjects specified to the extent required.

4. Any matriculate whose credentials do not fully meet the requirements outlined above, or who does not pass an entrance examination with a percentage of 70 in every subject, may be admitted on condition that he make up the required work in any subject or subjects (not exceeding three) before the beginning of the sophomore year.



5. Students who have matriculated are urgently requested to present their credentials to be submitted to Dr. Edgar A. Singer, State Examiner, office of Superintendent of Board of Public Education, Room 696, City Hall, Philadelphia, on or before the first day of October, to secure the Pennsylvania State Medical Council certificate of qualification for entrance on studies of medical course.

The Homœopathic Medical Society of the State of Pennsylvania will be the guest of the Homœopathic Medical Society of the County of Lackawanna on September 22d to 24th. In a circular just issued the committee says :

The Homœopathic Medical Society of the County of Lackawanna opens its doors a second time and welcomes the homœopathic medical profession of the State to the thirty-ninth annual session of the State Society, to be held at Scranton, September 22d to 24th.

Six years ago we had the pleasure of entertaining the State Society, and to our delight and gratification the meeting proved one of unusual interest, being one of the largest as to attendance and the number of new members received, while the papers presented were of the highest scientific value.

Six years have brought many improvements. Scranton is now a city of the second class and the fourth largest in the State. Two new hotels have been added to our list, assuring us of ample accommodations to as large a number as will honor us with their presence. The Jermyn, one of the finest hostleries in the State, will again be headquarters for the meeting.

The enterprise and generosity of our business men will enable us to offer many new attractions :

The Laurel line—a new electric road which connects our city with the centre of the lower anthracite region—will be of interest, as it is prophetic of the future of electric transportation.

Nay Aug Park bristles with unique and interesting features, and is second to none in rural beauty, while the Moosic mountain is threaded with the finest macadamized roads, affording many choice views of Lake Scranton, and will favorably compare with any mountain drive in this or any other country.

With so many objects of interest, the committee on entertainment are planning to give the profession the most delightful social session ever extended the society. Scranton has gained a reputation for hospitality, and it will keep its record true with the State Society.

President Haines has received reports from the chairmen of the various bureaus he has appointed and is enthusiastic over the special interest taken in the preparation of the largest number of papers ever presented at any of our State Society meetings, and, in general, a greater enthusiasm is evident in all branches of professional work done by the society this year.

Come! You cannot afford to miss this meeting. If you are not a member, come and learn what a royal body of homœopathic physicians we are.

Join our ranks; we need you, but not more than you need us. Come! Catch the spirit of the State Society. It will be an epoch in your professional life. Remember the date. Make your plans early; you will be more than repaid.

Bring your wives and friends. Our local society will delight in showing you the most enjoyable time of your lives.

The officers of the Lackawanna Homœopathic Medical Society are : F. W. Lange, M.D., *President*; G. J. Berlinghof, M.D., *Vice-President*; J. L. Peck, M.D., *Secretary*.

**The Thirty-Seventh Semi-Annual Meeting of the Homœopathic Medical Society of the State of New York** is to be held at Lake Placid, in the Adirondacks, on September 15th and 16th. The Lake Placid Club has placed at the disposal of the society all its buildings and facilities, and there is every reason to believe that, both socially and scientifically, the meeting will be one of the most successful in the history of the Empire State Society.

**The Germantown Homœopathic Medical Society** of Philadelphia held its August meeting on the Roof-garden of the Odd Fellows' Temple, at the southeast corner of Broad and Cherry Streets. A paper by Dr. Theodore Gramm, music by an admirable orchestra, and the choice menu provided by the caterer combined to make the evening one of thorough enjoyment.

**Obituary.**—ANDREW J. CLARK, M.D., a graduate from the New York Homœopathic Medical College and Hospital in the class of 1866, died in Loveland, Colorado, on July 13th, aged 74 years.

ANNIE L. GEDDES, M.D., of Montclair, N. J., died at Plainfield, N. J., on July 15th. She was graduated from the New York Medical College and Hospital for Women in 1890.

DELOS W. HOSKINS, M.D., a graduate of the New York Homœopathic Medical College and Hospital in 1895, who formerly lived in Auburn, N. Y., died from consumption at Le Grand, Cal., in July, after an illness extending over four years.

HORACE B. VAN NORMAN, M.D., a graduate of the Homœopathic Hospital College of Cleveland, Ohio, in 1864, died in that city on July 9th, aged 69 years.

**Personals.**—Dr. F. Mortimer Lawrence announces his removal to Suite 201-3-5 in the Professionaal Building, 1833 Chestnut Street, Philadelphia. Hours: 9 to 11 A.M., 5 to 7 P.M., and by appointment; Sundays until 12 M. only. Telephones, Bell: Spruce 43-83D; Keystone: Race 10-00.

Dr. John L. Redman announces his removal to 316 S. 15th Street, Philadelphia. Office hours: 8 to 10 A.M. and 5 to 7.30 P.M. Bell 'Phone: Spruce 57-74A.

Dr. William Yearsley, 2027 North Fifteenth Street. Hours: Until 11 A.M., 6 to 8 P.M. Bell 'Phone, Poplar 7-45.

Dr. Clarence Bartlett has been spending the month of August at North Woodstock, N. H.

Dr. William B. Van Lennep is in Europe. He will return early in September.

Dr. J. G. Blackwell, late of New Brunswick, N. J., has located at 618-619 Johnson Bldg., Los Angeles, Cal.

Dr. D. W. Harner has removed to 1930 Chestnut Street, Philadelphia.

Dr. George H. Buckley, of Philadelphia, is enjoying a trip by steamer up the Great Lakes.

Dr. L. T. Ashcraft is spending his summer at the Country Club, Deal Beach, returning to the city for professional engagements.

Dr. Weston D. Bayley has returned from a vacation in the Maine woods.

Dr. R. E. Goetelman has removed from 205 Green Street to 939 Belmont Avenue.

Dr. Robert D. Voorhies, of New Orleans, La., has removed to 1206 Louisiana Avenue.

Dr. F. T. Massey, Hahnemann Medical College, 1903, is resident physician to the Lewis Crozer Hospital, Chester, Pa.

Dr. O. L. Bertilsen has removed to Crookston, Minn.

Dr. Albra W. Baker, for the past ten years located at Emporium, Pa., has removed to 427 Park Avenue, Williamsport, Pa.

Dr. Max Roedmann, Hahnemann, 1903, has located at 1727 N. 17th Street, Philadelphia.



Dr. C. W. Bradford, Hahnemann Medical College, 1903, has located at Granville Centre, Pa.

Dr. Emily L. Hill, of Gloversville, N. Y., has removed to No. 177 West 73d Street, New York City.

### **Energy in Its Relation to Drug-Action.**

TO THE EDITOR OF THE HAHNEMANNIAN MONTHLY.

*Dear Sir:* In reference to the very excellent paper by Dr. C. Wesselhoeft concerning Dr. Percy Wilde's article on "Energy in Its Relation to Drug-Action," published in your July issue, and in view of the varying results obtained from the same experiments, the following questions arise with respect to the triturations of the organic compounds selected for illustration, viz.:

1. The energy exerted in triturating glass of any description, with a hard pestle and mortar, would be converted chiefly into heat by the severe friction, and the presence of a soft organic substance might lead to the development of electricity, though probably not in any assignable quantity. Were any colorimetric determinations made during the experiments, or was an electrometer used in order to ascertain whether the known effects of these forms of energy on the substances operated upon would explain or modify the conclusions arrived at?

2. There is a vast difference between triturations made in different ways. Not only are those made by hand by a powerful operator in my experience superior to those made by machine, however perfect, but these preparations vary greatly with the conditions under which they are prepared. Thus, a small quantity of material in a large mortar passes much more frequently under the pestle (especially in hand-trituration) than a large quantity in a small mortar.

Dr. Wesselhoeft does not mention whether machine- or hand-trituration was resorted to by him, but, presumably, he would have employed the former method, and, assuming that he did so, would the degree of friction produced be so far different from that occurring in Dr. Percy Wilde's experiments as to offer an explanation of the varying results?

Since both indigo-blue and aniline-violet are liable to charring and decomposition at a comparatively low temperature, the latter becoming insoluble, these questions are important, as the triturated products may vary from the untrituated in chemical composition. The following experiment will form a rough check-test and illustrate this, viz.: Take 10 grains only of milk-sugar and 90 grains of fine hard glass. Triturate by hand for one hour, using a hard composition pestle and mortar, the latter having an inside diameter of at least nine inches, and bringing all the force possible to bear upon the mixture. If 10 grains of the completed product be well shaken with 1 drachm of distilled water in a narrow test-tube, and allowed to settle for several days, the supernatant liquid will appear yellow or yellowish-brown. If a second decimal trituration be then made under the same conditions and similarly treated, the supernatant liquid will present a still deeper brown coloration.

As a control-test, the pure glass triturated in the same manner, and agitated with distilled water, should be compared with the other preparations.

Milk-sugar is, however, protected to some extent from the charring effect of this treatment by water of crystallization.

Other amorphous organic products and those devoid of water of crystallization suffer more readily from the operation.

3. The finely divided particles of aniline-violet would present very favorable conditions for the operation of a small quantity of a reducing-agent existing as an impurity in alcohol, with the result that the color might be discharged from the solution, as in Dr. Wesselhoeft's experiment. Was the alcohol which was thus employed entirely free from aldehyde?



As Dr. Wesselhoeft observes, "There are many unsolved questions connected with this subject."

Some forty years' experience of the preparation of triturations has forced me to the same conclusion as Dr. Wesselhoeft, namely, that the most perfect "mortar-grinding is able to reduce only a moderate proportion of the substance to be ground to its finest particles." "Comminution progresses very slowly" with many substances.

Yours faithfully,

JOHN M. WYBORN, F.C.S., Lond.

**American Electro-Therapeutic Association.**—The Thirteenth Annual Convention will be held at the Hotel Windsor, Atlantic City, N. J., on September 22, 23 and 24, 1903. The rate will be \$3.50 per day for each person. These terms also apply to members of the families of members of the association and their friends, who are brought to the hotel by reason of the convention. Rooms may be reserved by writing to the proprietor, Mr. G. Jason Waters, Hotel Windsor, Atlantic City, N. J., and will be held in the order in which the written reservations are received. It will be well, therefore, for those intending to come, to secure their rooms well in advance of the meeting.

The attractions of Atlantic City are so well known that any description is entirely unnecessary. Those who desire to combine pleasure with the regular business of the association will find no difficulty in employing their time satisfactorily, as the excursion ticket permits a stay of fifteen days. Ample time, therefore, will be given those who desire to avail themselves of the opportunity of becoming familiar with Atlantic City and its environs.

The attractiveness of the scientific programme, as outlined in the preliminary announcement sent out by the Secretary, Clarence Edward Skinner, of New Haven, Conn., speaks for itself. Members of the medical profession are cordially invited to be present.

**New Jersey Refuses to Recognize the Licenses of Other States.**—The New Jersey examiners are said to have refused to recognize the licenses to practice medicine issued by the Medical Council of Pennsylvania, and will in future require the holders of such licenses to undergo examination before they can practice in New Jersey. This is one more instance of the disgraceful methods by which one State discriminates against another in medical matters. In spite of all the talk of medical reciprocity between States maintaining equivalent standards of education, actual recognition of one examining board by another is farther away than ever, and practitioners should begin to inquire, in the meetings of their respective State societies, "Who is responsible?"

**Michigan University Commencement.**—On June 18th a class of thirteen received the diploma of the Homœopathic College of the University of Michigan at Ann Arbor. The class-day exercises, held two days in advance of the commencement, consisted of an introductory address by Mr. A. J. Reynolds, of Grand Haven, and an address by Dr. Harold Wilson, of Detroit, a graduate in the class of '86. Dr. Hinsdale, the dean, closed the exercises with appropriate remarks. A reception followed.

The college has had a very prosperous year and shows a greatly increased enrollment, in marked contrast to the diminished number of students in the old-school college.

**A Daily Medical Newspaper.**—A company has been incorporated at \$150,000, under the laws of the State of New York, for the purpose of publishing *The Daily Medical Journal*, the first issue of which is announced for October 1, 1903.

**Melancholia, Insomnia and General Lowering of Nerve-Power.**

—In a very forceful and exceedingly interesting paper on this subject, published in the *Cincinnati Lancet-Clinic*, Dr. T. D. Fink, of Louisville, Ky., writes the following: "I am convinced that there is no other remedy so useful and attended with such satisfactory results in the treatment of melancholia with vasomotor disturbances, anæmic headache, emotional distress and active delusions of apprehension and distrust as Antikamnia Tablets. These tablets also increase the appetite and arterial tension, promote digestion, and are particularly serviceable in relieving the persistent headache which accompanies nervous asthenia. In neurasthenia, in mild hysteroid affections, in the various neuralgias, particularly ovarian, and in the nervous tremor so often seen in confirmed drunkards, they are of peculiar service. Patients who suffer from irritable or weak hearts, needing at times an analgesic, can take them without untoward after-effects, knowing that the heart is being fortified. In delirium tremens they relieve when there is great restlessness, with insomnia and general lowering of the nerve-power. The pain of locomotor ataxia yields to treatment with Antikamnia Tablets in a remarkable degree, their analgesic power being of a peculiar kind, in that they will relieve painful affections due to pathological conditions of the peripheral nerves, as neuritis, etc.; also lumbago, sciatica and myalgia. In chronic catarrh of the stomach, with its often accompanying headaches, in cardiac dropsy and in ascites, they are of decided benefit."

**A New Departure.**—In these days when a gullible public prescribes for itself from the patent medicines on the frieze of the trolley-cars, or takes the profitable substitution that the druggist passes over the counter, it is no wonder that physicians feel a bit out of sympathy with the venders of drugs, and make unfavorable comparisons between the commercialism of the men who supply medicines and the science of the medical profession that prescribes them.

But we should never forget that were it not for the great manufacturers and importers of drugs we might still cull our own herbs and use our own mortars and pestles. As an indication of the aid that such houses may be to physicians, we call attention to the colored plates of pathogenic organisms that have been prepared for the profession by the house of M. J. Breitenbach Co., the importers of Gude's Pepto-Mangan. By their permission we have inserted a few of the set of sixty in our advertising pages.

No text-book and no one work on pathogenic bacteria contains such a number of excellent diagnostic illustrations, nor such beautiful examples of lithographic art, as these.

Many physicians are too far from libraries and laboratories to be able to put into practice the training of their college days. They need just such a set of reference plates to be able to make microscopical examinations. The recognition of this need and the care that has been taken to fill it shows a spirit of enterprise in this firm that we wish might serve as an example to others. For if, instead of advertising to the public, the manufacturers of drugs would make such valuable contributions to science as lies in their power, there might be more sympathy between them and physicians.

The full set of sixty cuts has been prepared to send to any physician who writes for them, from the firm of M. J. Breitenbach Co., New York.—*Med. News*, N. Y., July 18, 1903.

**A Blow at Substitution.**—At a special term of the Supreme Court of New York, held on June 25th, a final decree was entered, perpetually enjoining James Kerr, defendant, from selling or dispensing any pharmaceutical preparation in imitation of, or substitution for, Fairchild's Essence of Pepsin.

# THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

OCTOBER, 1903.

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**Hay-Fever: Its Prevention and Cure.** By Perry Dickie, M.D., Boericke & Tafel.

After an exhaustive study of this subject, the author believes that uric acid is the one primary systemic cause of hay-fever. In a previously published monograph he has elaborated the subject of uricacidæmia, a complicated condition, essentially perhaps—the non-elimination of the waste products formed in the human system. The author mentions as causative factors in the production of hay-fever those usually given: heat, light, dust, vegetable pollen, etc.; but he has come to regard this disease as essentially a neurosis with a systemic basis of uricacidæmia. He has given considerable careful attention to the hygienic management of the affection, and his advice as to palliatives is strictly up-to-date. The chapter upon "Homœopathic Therapeutics" has



been a disappointment to some, because it contains so little in the way of original observation, and so few suggestions that point to an extraordinarily successful experience with our peculiar remedial measures. We think that Dr. Dickie has done a great deal for us by arranging what has been scattered throughout our literature in an easily accessible form. To be sure he has no startling discoveries in the therapeutics of hay-fever to offer, but neither has anyone else. The author seems to have had some pleasing experiences with the new *ambrosia artemisiaefolia tincture*. Sometimes this remedy helps, and then again it will disappoint us. Dr. Edward Chapin, of Brooklyn, thinks that by combining the *ambrosia* and the *solidago* tinctures, and giving a minim of each in one tablet, that we may have the nearest to a hay-fever specific that is obtainable. But we simply do not believe. It is too good to be true. The physician must still plod along, selecting his remedies for the individual. Specifics are *ignes-fatui*. Dr. Dickie has written a very entertaining and useful monograph.

**A Classified Index of the Homœopathic Materia Medica for Urogenital and Venereal Diseases.** By Bukk. G. Carlton, M.D., and Howard L. Coles, M.D. Boericke & Runyon.

The value of this book is not represented by either its price or size. We thank the authors for giving us this new and convenient repertorial arrangement of the symptoms of the urogenital organs, and we feel confident that it is a volume that will appeal to every discriminating book-buyer. Dr. Coles compiled the repertory some years ago, and both he and Dr. Carlton have been putting it to the test in their special work. So, its convenience and reliability were assured before it was published. It is a credit to Boericke & Runyon, also.

**The Exact Science of Health Based Upon Life's Great Law.** By Robert Walter, M.D. Published by the Edgar S. Werner Publishing Company, New York.

There are some portions of this book that will doubtless interest its medical readers; but, whether its author has added much to the practical knowledge of the profession, is a matter that must be determined later on. It is unfortunate, although nevertheless likely, that some of the readers of this book, who are not intimately acquainted with the author, will conclude that the work is simply an advertisement of Dr. Walter's Sanatorium and the methods in vogue at that excellent institution. The literary style of the author is displeasing. He does not speak nicely of medical men, and expresses his dissatisfaction with their methods of practice in a manner which we fear even some of his friends will consider rude. His life has been a peculiar one. For thirty years, he says, he suffered, or enjoyed, a personal experience, as an invalid, of a character which has seldom, if ever, been duplicated. Three years' experience as a shorthand reporter, in reporting discussions of health questions, made him familiar with the teachings of the masters. Three years spent in the study of medicine at two different colleges, one the Hahnemann, the other the Hygieio-Therapeutic College of New York (Polk), gained him the right to practice "a system which has little to commend it, except public confidence." We judge the author regards the time spent in his investigation of homœopathy as wasted; a point which we shall not argue with him. Such was the experience of the author who now claims to have discovered "Life's Great Law," and he bases his claims upon "nearly fifty years of practice and research." The pages of the book are plentifully interspersed with incongruities of this sort, which we do not believe add to its intrinsic merit. And when Dr. Walter informs his readers that "physicians simply observe symptoms, they do not

pretend to know what these symptoms mean; they only know that they cure the disease when they stop the symptoms, let the patient die or live;" and when he says that medicines are useless and worse, we can place his book at once among the "after-all-others-fail-there-is-hope" class. He thinks that the best place for a sick man is in a sanatorium. But, then, so many sanatoriums are bad! How shall the poor sufferer know which sanatorium to patronize? The book does not tell, so we add for the benefit of any poor sufferer who might wish the information: Send a two-cent stamp to Walter's Park, and get a beautifully illustrated booklet, telling you how much. The style of this review will show, we believe, the unpleasant style and displeasing features of the book. It was a pity that the author did not confine himself to the dignified discussion of his theme, for there are times when he is very interesting and lucid. And some of his points are well made and capably argued. We think his chapters upon "How to Recuperate" and "Life's Great Law" well worth reading. As an addenda to the first volume, we have a sample of what is to follow in volume two, which will deal with the practical application of the theories which have been expressed in the present book. Diphtheria and pneumonia are discussed and the proper treatment for each is outlined. Thus, no case of diphtheria will ever die, that is, *has* ever died, if they receive this treatment: An ice-bag to throat, no food, thorough cleansing of bowels by warm enemata, and kali mur., if membrane is gray, and natrum sulph. when it is yellow. Pneumonia cases require no food at all. If the heart fails, place feet in very hot water. Give ferrum phos. The author believes in the tissue-remedies, and says they are foods. It's very probable that this book will fulfill its mission among the invalids of our country and England, and will turn their feet—in the desired direction.

**A Text-Book of Operative Surgery.** Covering the Surgical Anatomy and Operative Technique Involved in the Operations of General Surgery. Written for Students and Practitioners. By Warren Stone Bickham, Phar.M., M.D., Assistant Instructor in Operative Surgery, College of Physicians and Surgeons, New York; Late Visiting Surgeon to Charity Hospital, New Orleans, etc. Handsome octavo of 984 pages, with 559 illustrations, entirely original. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Cloth, \$6.00 net; sheep or half-morocco, \$7.00 net.

This work completely covers the surgical anatomy and operative technique involved in the operations of general surgery. It is constructed on thoroughly new lines, the discussion of the subject being remarkably systematized and arranged in a manner entirely original. A feature of the work to which we would call especial attention, and for which alone it is well worth the price, is the wealth of magnificent illustrations. There are 559 of them, all entirely original. They depict the progressive steps in the various operations detailed with unusual clearness, and at the same time represent the highest artistic excellence. The text is fully abreast of the latest advances in surgery, all the recent improvements along the line of technique being adequately discussed. Another feature distinguishing it from other works on operative surgery is the treatment of the anatomic side of the subject in connection with the operative technique. The illustrations will be found of particular assistance in this connection, the muscles, bones, etc., being clearly indicated, together with the lines of incision. It is a magnificent work, and we have yet to see its equal.

**Diseases of the Ear.** A Text-Book for Practitioners and Students of Medicine. By Edward Bradford Dench, Ph.B., M.D., Professor of Diseases of the Ear in the University and Bellevue Hospital Medical College; Aural Surgeon, New York Eye and Ear Infirmary; Consulting Otologist to St. Luke's



Hospital, etc. With 15 plates and 158 illustrations in the text. Third edition, revised and enlarged. New York and London: D. Appleton & Co. 1903.

The extensive advances which have been made in otological surgery during the past few years have rendered a complete revision of a large portion of this work necessary. This applies especially to those chapters devoted to the operative treatment of chronic suppurative otitis media, and of the various intracranial complications of middle-ear suppuration. While all of these subjects were considered in the first and second editions, with the results of the author's investigations reported in full up to date of publication, the technique of the radical operations for the relief of chronic middle-ear suppuration, and those operations for the relief of sinus thrombosis and of brain abscess were not considered *in extenso*. In the present edition this fault has been remedied, and the technique of all these major otological operations has been fully elaborated. In the detailed descriptions of each of these operative procedures, the author has laid particular stress upon those methods which, in his own experience, have proved most valuable. Careful attention has, however, been paid to the work of other surgeons, and an attempt has been made to give a thoroughly unbiased opinion as to the value of the different operative methods in vogue at the present day.

The author's style is an easy one, making the work interesting throughout. In the past, Dench on *Diseases of the Ear* has been deservedly popular. This reputation will be enhanced by the new edition.

**American Text-Book of Surgery.** For Practitioners and Students. Edited by William W. Keen, M.D., LL.D., F.R.C.S. (Hon.), Professor of the Principles of Surgery and of Clinical Surgery, Jefferson Medical College, Philadelphia; and J. William White, M.D., John Rhea Barton Professor of Surgery, University of Pennsylvania, Philadelphia. Fourth edition, thoroughly revised and greatly enlarged. Handsome octavo of 1363 pages, with 551 text-illustrations and 39 full-page plates, many in colors. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Cloth, \$7.00 net; sheep or half-morocco, \$8.00 net.

Of the three former editions of this work nearly 40,000 copies have been disposed of. Its sale, indeed, has been the wonder of the medical publishing world. In this present edition every chapter has been extensively modified, and many of them have been partially, and some entirely, rewritten. Notably among such chapters are those on Surgical Bacteriology, Tumors, the Osseous System, Orthopædic Surgery, the Surgery of the Nerves, the Joints, the Abdomen, etc. The most recent researches of Monks on the Intestines, Crile and Cushing on Shock and Blood-Pressure, Matas on Neural Infiltration and Aneurysm, Edebohl on Renal Decortication, etc., have been included. The use of paraffine in nasal deformities, the methods of spinal and local anæsthesia, and the newer anæsthetics have also been described. And this is but an illustration of the completeness and thoroughness of the entire work.

Besides the extensive revision and amplification of the old matter, there have been added six new chapters of the utmost importance, written by men whose positions and experience especially fit them to speak with authority. These chapters are Military Surgery, Naval Surgery, Tropical Surgery, Examination of the Blood, Immunity and Surgery of the Pancreas. Though there was a brief chapter on the Pancreas in the third edition, in this present edition it has been expanded so greatly that it really is wholly new, the modern surgery of the Pancreas having been created since the last edition. A number of the old illustrations have been replaced by better ones, and, in addition, there have been



added a number entirely new. In fact, we know of no single volume work that is even its equal in the expounding of the advanced and practical principles of modern surgery.

**Manual of the Diseases of the Eye.** For Students and General Practitioners. By Charles H. May, M.D., Chief of Clinic and Instructor in Ophthalmology, College of Physicians and Surgeons; Ophthalmic Surgeon to the French Hospital, New York; Consulting Ophthalmologist to the Red Cross Hospital, New York; Adjunct Ophthalmologist to Mt. Sinai Hospital, New York, etc. Third edition revised. With 275 original illustrations, including 16 plates, with 36 colored figures. New York: William Wood & Co. 1903.

The second edition of this manual appeared in September, 1901, and was exhausted in three weeks; two reprints have since been issued. In presenting the third edition, the author expresses his high appreciation of what, we might add, is a well deserved compliment. In the third edition, every page has been carefully examined, and a considerable number of alterations and additions have been made; some new illustrations, including 3 colored plates, have been added. The volume has been kept up-to-date, but has not been increased in size, the original plan of presenting a book for the student and general practitioner having been adhered to.

**A Text-Book of Pathology.** By Alfred Stengel, M.D., Professor of Clinical Medicine in the University of Pennsylvania. Octavo volume of 933 pages, with 394 text-illustrations, many in colors, and 7 full-page colored plates. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Cloth, \$5.00 net; sheep or half-morocco, \$6.00 net.

In this work the practical application of pathologic facts to clinical medicine is considered more fully than is customary in works on pathology. While the subject of pathology is treated in the broadest way consistent with the size of the book, a successful effort has been made to present the subject from a clinician's point of view. In the second part of the work, the pathology of individual organs and tissues is treated systematically and quite fully under sub-headings that clearly indicate the subject-matter to be found on each page. In this edition the section dealing with General Pathology has naturally received the greatest care and the most extensive revision. Several of the important chapters have been practically rewritten. Among the subjects that have received the greatest revision are: Ehrlich's Theory of Immunity and Allied Processes; Inflammation; The Bacterial Diseases, including Typhoid Fever, Tuberculosis, Yellow Fever and Dysentery; and Diseases of the Blood. In the second part of the book—that treating on Special Pathology—the revision has also been considerable, so that this part likewise represents the latest advances in the subject of Pathology. A very useful addition to the book is that of an Appendix, treating of the Technique of Pathologic Methods, and giving briefly the most important methods at present in use for the study of Pathology; including, however, only those methods that are unquestionably practicable. Many new illustrations, including ten excellent plates, have also been added, and some of the old replaced by new ones. We specially recommend the book to students and practitioners, as we believe it is the best we have seen.

**A Text-Book of the Practice of Medicine.** By James M. Anders, M.D., Ph.D., LL.D., Professor of the Practice of Medicine and of Clinical Medicine, Medico-Chirurgical College, Philadelphia. Sixth edition, thoroughly revised. Handsome octavo volume of 1300 pages, fully illustrated.

Philadelphia, New York, London: W. B. Saunders & Co. 1903. Cloth, \$5.50 net; sheep or half-morocco, \$6.50 net.

This is the sixth edition of this unexcelled work in as many years. Such a sale cannot but be a gratification alike to the author and to the publishers. In this edition the general plan and principles of classification adopted in the previous editions have been preserved. The many tabular presentations of points in differential diagnosis have been retained. Differential diagnosis is a most important branch of diagnostics, and than this tabular method we know of no superior way of familiarizing the practitioner and the student with the outstanding features of simulating diseases. Malaria, yellow fever, bacillary dysentery, cholecystitis, certain animal parasitic diseases, and the use of the X-rays in diagnosis and treatment have been fully discussed, incorporating the results of the most recent investigations. Among the new subjects introduced are Paratyphoid Fever, the Fourth Disease, Trypanosomiasis Orthostatic, Albuminuria, Transcortical Aphasia, Adiposis Dolorosa and Amaurotic Family Idiocy. Every affection has been treated separately, particular attention being paid to its clinical character, diagnosis and treatment. Evidently an immense mass of literature has been thoroughly digested, no pains having been spared to bring the entire work down to date, giving special reference to the daily needs of practitioners and students.

In recommending it, we believe we are recommending the best text-book on the practice of medicine on the market.

**The American Illustrated Medical Dictionary.** For Practitioners and Students. A Complete Dictionary of the Terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, and the kindred branches, including much collateral information of an encyclopædic character, together with new and elaborate tables of Arteries, Muscles, Nerves, Veins, etc.; of Bacilli, Bacteria, Micrococci, Streptococci; Eponymic Tables of Diseases, Operations, Signs and Symptoms, Stains, Tests, Methods of Treatment, etc. By W. A. Newman Dorland, A.M., M.D., editor of the "American Pocket Medical Dictionary." Handsome large octavo, nearly 800 pages, bound in full flexible leather. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Price, \$4.50 net; with thumb index, \$5.00 net.

The rapid exhaustion of two large editions cannot but be a gratifying proof to the editor and publishers that this excellent work meets the varied needs of physicians and students better than any other dictionary on the market.

In this, the third, edition several hundreds of new terms that have been added to the vocabulary of medical sciences have been incorporated and clearly defined. The entire work, moreover, has evidently been subjected to a careful revision, and many of the tables, notably those of acids, bacteria, stains, tests, methods of treatment, etc., have been amplified, and their practical value greatly increased. It is only by such constant and careful revision that a medical dictionary can hope to reflect the progress of medical science, and the usefulness of this work by this present revision has been very largely extended.

**A Compend of Human Anatomy.** By Samuel O. L. Potter, M.A., M.D., M.R.C.P., Lond., formerly Professor of the Principles and Practice of Medicine in the Cooper Medical College of San Francisco; Author of "Handbook of Materia Medica, Pharmacy and Therapeutics," "Quiz Compend of Materia Medica," "Index of Comparative Therapeutics," etc. Seventh edition, revised and enlarged. With 138 wood engravings; also numerous tables, and 16 plates of the arteries and nerves. Philadelphia: P. Blakiston's Son & Co. 1903. Price, 80 cents net.

The present edition of Potter's *Compend of Anatomy* has been entirely rewritten and brought into harmony with the latest text-books on the subject.



The text has been expanded wherever greater detail seemed desirable, but in so doing the condensed form of statement heretofore adopted has been carefully followed. The total number of illustrations has been increased from 117 to 138. The tables and plates formerly published as an appendix have been thoroughly revised and are now placed in their natural positions in the text. These changes have increased the size of the volume by 82 pages and have made it practically a new book, which will doubtless receive a continuance of the many favors extended to the previous editions.

**A Text-Book of Obstetrics.** By Barton Cooke Hirst, M.D., Professor of Obstetrics in the University of Pennsylvania. Handsome octavo, 900 pages, with 746 illustrations, 39 of them in colors. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Cloth, \$5.00 net; sheep or half-morocco, \$6.00 net.

In revising his work for this edition, the author has spared no pains to make the book reflect the latest knowledge on the subject. He has even described and illustrated the method of using the "Neumann-Ehrenfest Kliseometer." His perfect familiarity and extensive experience with diseases of women is shown in the careful and minute manner in which he describes the various methods of treatment. As most all the diseases of women are the consequences or complications of childbirth, their preventive treatment at least is in the hands of the obstetrician, and the physician in general practice must be equally well informed in both branches of gynecology. The specialist in obstetrics must be an expert in the surgical treatment of all diseases of women. Even a specialist who confines his work entirely to this treatment must at least have served a long apprenticeship in practical obstetrics and have mastered its science to be adequately prepared for his work. From the glimpse we have obtained of Dr. Hirst's knowledge of diseases of women, we wait anxiously for his new work on that subject. In this present work every page has been altered and bettered in some way. More attention has been given than in the previous editions to the diseases of the genital organs associated with or following childbirth, and this, we think, is an excellent improvement. Many of the old illustrations have been replaced by better ones, and there have been added besides a number entirely new. The work treats the subject from a clinical standpoint, the author ever keeping in mind that the aim of all medical literature is to cure.

**A Text-Book of Diseases of Women.** By Barton Cooke Hirst, M.D., Professor of Obstetrics in the University of Pennsylvania; Gynecologist to the Howard, the Orthopædic, and the Philadelphia Hospitals. Handsome octavo volume of 675 pages, sumptuously illustrated with some 650, mostly original, illustrations, many in colors. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Cloth, \$5.00 net; sheep or half-morocco, \$6.00 net.

This latest work of Dr. Hirst's is on the same lines as his *Text-Book of Obstetrics*. As would be expected from a practical teacher, diagnosis and treatment have been given particular attention. The palliative treatment, as well as the radically operative, is fully described, enabling the general practitioner to treat many of his own patients without referring them to a specialist. A feature which specially impressed us is the thorough manner in which the author has treated modern technique of gynecic surgery. An entire section is devoted to a full description of all modern gynecologic operations, illustrated and elucidated by numerous photographs taken especially for this work. The author's training in the subject of diseases of women has been like that of the specialists in the Teutonic countries of Europe, where gynecology has reached the highest level of perfection: namely, specialization in the diagnosis and



treatment of diseases of women has followed a thorough training in the recognition and treatment of the complications and sequels of childbirth. This special training is evident throughout the entire work in the careful and thorough manner in which the subject is treated. The many illustrations are the most magnificent we have ever seen. With but few exceptions all are entirely original, having been reproduced from photographs and water-colors of actual clinical cases accumulated during the past fifteen years. We must heartily congratulate Dr. Hirst and his publishers upon the production of such a magnificent work.

**A Text-Book of Obstetrics.** By J. Clarence Webster, M.D. (Edin.), F.R.C.P.E., F.R.S.E., Professor of Obstetrics and Gynæcology, Rush Medical College, in Affiliation with the University of Chicago; Obstetrician and Gynæcologist to the Presbyterian Hospital, Chicago; Obstetrician to the Chicago Lying-in Hospital and Dispensary, Chicago, etc. Handsome octavo volume of 767 pages, with 383 illustrations, 23 in colors. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Cloth, \$5.00 net; sheep or half-morocco, \$6.00 net.

This work has been written for the student of obstetrics, as well as for the active practitioner. The anatomic changes accompanying pregnancy, labor, and the puerperium are described more fully and lucidly than in any other text-book we have seen. The exposition of these sections is based mainly upon studies of frozen specimens, in which department the author has had a larger experience than any other worker. Unusual consideration is given to embryologic and physiologic data of importance in their relation to obstetrics. The practical aspects of the subject are presented in such a manner as to be of direct assistance to the clinician. Diagnosis and treatment are presented with rare exactitude and clearness, particular consideration being given to those methods that have proved most successful by experience. The illustrative feature of the work is far above the average. Evidently great care was taken in the selection of the illustrations, aiming to meet the varied requirements of both the undergraduate and the practicing physician. Many of the illustrations are entirely original, having been made especially for this work, and never having appeared in any other text-book. The work throughout expresses the most advanced thought of the day, and the statements can be relied upon as accurate. We heartily recommend Dr. Webster's book to student and practitioner.

**A Text-Book Upon the Pathogenic Bacteria.** For Students of Medicine and Physicians. By Joseph McFarland, M.D., Professor of Pathology and Bacteriology in the Medico-Chirurgical College, Philadelphia; Pathologist to the Philadelphia Hospital and to the Medico-Chirurgical Hospital, Philadelphia. Handsome octavo volume of 629 pages, fully illustrated, a number in colors. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Cloth, \$3.50 net.

This work gives a concise description of the technical procedures requisite in the study of bacteriology, a brief account of the life histories of the important pathogenic bacteria, and sufficient description of the pathologic lesions accompanying micro-organismal invasions to give an idea of the origin of symptoms and the causes of death. Although but a short time has elapsed since the appearance of the previous edition, such rapid strides have been made in the subject of bacteriology, especially in its relation to pathology, that the author deemed it necessary to rewrite the work entirely. All the old matter has been eliminated, much new matter is in evidence, and, in fact, the subjects treated have been brought precisely down to date. What impressed us most were the chapters upon Infection and Immunity. All the new facts recently added to our

knowledge of these subjects can here be found. The value of the work as a book of reference has been materially increased by the introduction of a large number of references to bacteriologic literature. These have been thoughtfully chosen, and, in nearly all cases, give the sources of the original descriptions of the micro-organisms treated, and the important methods described. Another valuable addition is a bibliographic index containing the names of over 600 authors. Altogether, the work in its new edition is very commendable, and practitioners and students will find it of unusual value.

**A Compend of Diseases of the Skin.** By Jay F. Schamberg, A.B., M.D., Professor of Diseases of the Skin, Philadelphia Polyclinic and College for Graduates of Medicine; Fellow of the College of Physicians of Philadelphia. Third edition, revised and enlarged. With 106 illustrations. Philadelphia: P. Blakiston's Son & Co. 1903. Price, 80 cents net.

This little book was designed for the use of students and practitioners as a rapid reference work and key to the study of dermatology. In it the subject of diseases of the skin has been presented in a succinct and, at the same time, readable form. Especial attention has been paid to the differential diagnosis and treatment of the more important affections.

**Clinical Examination of the Urine and Urinary Diagnosis.** A Clinical Guide for the use of Practitioners and Students of Medicine and Surgery. By J. Bergen Ogden, M.D., formerly Instructor in Chemistry, Harvard University Medical School, Boston; Assistant in Clinical Pathology, Boston City Hospital, etc. Second revised edition. Handsome octavo volume of 418 pages, illustrated, including 11 plates, 9 of them in colors. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Cloth, \$3.00 net.

The aim of this work is to present in as concise a manner as possible the chemistry of the urine in its relation to physiologic processes; the most approved working methods, both qualitative and quantitative; the diagnosis of diseases and disturbances of the kidneys and urinary processes. It is a work eminently in demand, since most of the books on the urine are devoted exclusively to urinary chemistry, a knowledge of urinary diagnosis being obtainable only by an extended search through works on medicine, surgery, pathology and chemistry.

In this, the second, edition special effort has evidently been directed toward making the text complete and bringing it absolutely down to the present day advances in the subject. Important changes have been made in Part I., especially in connection with the determination of Urea, Uric Acid, and Total Nitrogen; and the subjects of Cryoscopy and Beta-Oxybutyric Acid have been given a place. The changes in Part II., while not so extensive, are nevertheless numerous and practical, and show that the author has spared neither pains nor time in making the revision thorough. It is a good book, and both student and practitioner will find it a valuable aid in their clinical work. We recommend it.

**The American Pocket Medical Dictionary.** Edited by W. A. Newman Dorland, M.D., Assistant Obstetrician to the Hospital of the University of Pennsylvania. Containing the pronunciation and definition of the principal words used in medicine and kindred sciences, with 566 pages and 64 extensive tables. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Flexible leather, with gold edges, \$1.00 net; with thumb index, \$1.25 net.

In this little work, now in its fourth edition, we have a pocket dictionary equaled by none on the market. It is a wonder to us how the editor has gotten



so much information in such a small space. In this edition several thousand of the newest terms that have appeared in recent medical literature have been added, and the entire work subjected to a careful revision. Since the work has come to us for review, we have had many occasions to refer to it for definitions of new words, and in no instance have we been disappointed. We believe that the work in its new form will meet more fully than ever a real demand on the part of physicians and students.

**A Text-Book of Clinical Anatomy.** For Students and Practitioners.

By Daniel N. Eisendrath, A.B., M.D., Clinical Professor of Anatomy in the Medical Department of the University of Illinois (College of Physicians and Surgeons); Attending Surgeon to the Cook County Hospital, Chicago, etc. Handsome octavo of 515 pages, beautifully illustrated with 153 illustrations, a number in colors. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Cloth, \$5.00 net; sheep or half-morocco, \$6.00 net.

The subject of anatomy, and especially clinical anatomy, is so closely allied to practical medicine and surgery that it is absolutely impossible for a physician or surgeon to practice his profession successfully unless he have an intimate knowledge of the human structure. In his preface the author states that the primary object of his work is to serve as a bridge for both the practitioner and student from descriptive anatomy, as it is usually taught in the first two years of a medical course, to its daily application at the bedside, in the clinic or in the operating-room. The entire subject is discussed with a thoroughness and precision that spring from experience. The method of illustrating the subject is novel, special attention having been giving to surface anatomy. The illustrations themselves are the result of a great deal of painstaking study, outlines having been marked upon a normal artist model and then photographed. They are reproduced in the highest style of art, and show far better than any we have seen the relation of anatomic structures from a clinical standpoint, presenting to the practitioner a picture as met at the bedside, with the skin covering the tissue. The work is indeed magnificent, text, illustrations, paper, typography and binding being of unusual excellence.

**Nervous and Mental Diseases.** By Archibald Church, M.D., Professor of Nervous and Mental Diseases and Head of Neurological Department, Northwestern University Medical School; and Frederick Peterson, M.D., President New York State Commissioner in Lunacy; Chief of Clinic, Department of Nervous Diseases, College of Physicians and Surgeons, New York. Fourth edition, thoroughly revised and enlarged. Handsome octavo volume of 922 pages, with 338 illustrations. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Cloth, \$5.00 net; sheep or half-morocco, \$6.00 net.

This is the fourth edition of this excellent work in as many years. The revision, indeed, has been thorough, all the latest knowledge on the subjects having been incorporated, including the recent work regarding the healing of nerves. The subject of Intermittent Limping, now definitely known to depend upon a lesion of the posterior root ganglia, and Herpes Zoster have been given a section each. Another addition is the discussion of that form of epilepsy marked by myoclonus, furnishing the so-called Combination Disease. Further importance has been given to symptomatology and symptomatic disturbances, and the diagnostic value of astereagnosis and of Kernig's Sign has been elaborated.

We also find that there have been added a large number of new and excellent illustrations. A useful addition to the portion of the book devoted to Insanity



is a new section consisting of a critical review of the German Schools which have recently made such important advances in psychiatry.

In many ways this work will be found of unusual assistance not only to the specialist, but also to the student and general practitioner.

**Progressive Medicine.** A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D., assisted by H. R. M. Landis, M.D. Volume III. September, 1903. Diseases of the Thorax and Its Viscera, including the Heart, Lungs and Bloodvessels—Dermatology and Syphilis—Diseases of the Nervous-System—Obstetrics. Lea Brothers & Co., Philadelphia and New York. 1903.

The physician or surgeon intent upon keeping abreast of the times must look forward with pleasure each quarter to the coming of *Progressive Medicine*. There he finds summed up and analyzed by master minds the advances in professional knowledge; and so carefully is it digested and arranged that in a short time he can grasp all of importance that has appeared in the world's literature of medicine. In the current issue Ewart, of London, discusses diseases of the thorax, including the lungs, heart and bloodvessels; Gottheil, of New York, reviews the advances in our knowledge of skin diseases and syphilis; Speller, of Philadelphia, writes of nervous diseases; and Norris, also of Philadelphia, discusses obstetrics.

**Obituary.**—**EGBERT GUERNSEY, M.D.**, for nearly sixty years a resident and practicing physician of New York City, died on September 19th, at his summer home, Fishkill Landing, N. Y.

Dr. Guernsey was over 80 years of age. He was born in Litchfield, Conn., and came of noted Puritan ancestry. His early education was acquired at Andover, Mass., Yale University, and in Europe. He was graduated from the Medical College of the University of the city of New York in 1846, since which time he has been a most active and earnest citizen and physician in a great city where individual force such as his could not but be felt. Dr. Guernsey was an able writer in both the literary and medical field; he was a scientist who could wisely adapt theoretical knowledge to practical ends; and he was a sound leader of men into ways of real progress and general good.

Among the many organizations which owe their success to his efforts, the Metropolitan Hospital, on Blackwell's Island, would alone stand as a fitting monument to his ability and influence. This hospital which he secured to homœopathic control has steadily grown under his long service for the institution, and to-day is one of the largest and best hospitals in the world. For many years he had, in association with Dr. Alfred K. Hills, edited the *Medical Times*.

Dr. Guernsey was a founder of the Union League Club, and at the time of his death one of its members. He was also a member of the Sons of the Revolution, the National Academy of Design, and of many other associations. He is survived by Miss Florence Guernsey, an only daughter.

John Hutchinson, M.D.

**JOHN HYDE, M.D.**, a graduate of Hahnemann Medical College, Philadelphia, formerly a member of the Texas Rangers and a surgeon in both the Mexican and Civil Wars, died from "senile debility," after an illness of two years, August 20th, at his home in Terre Haute, Ind., aged 77 years. He retired from active practice about twenty years ago.

**WILLIAM P. SHARKEY, M.D.**, a graduate of Hahnemann Medical College, Philadelphia, 1875, died suddenly from heart disease at his home in Philadelphia on August 18th, aged 62 years.

MARY K. GALE WARREN, M.D., a graduate of the Boston University School of Medicine in 1877, died at her home in Boston, Mass., on July 31st.

FRANK M. ENGLISH, M.D., a graduate of the Chicago Homœopathic Medical Society in 1886, committed suicide in Mendota on August 31st. His age was 55 years.

WILLIAM L. NORTHWAY, M.D., a graduate of the Chicago Homœopathic Medical College in 1879, a practitioner in Marcellus, N. Y., died from congestion of the brain at the Hospital of the Good Shepherd in Syracuse on August 21st, after two weeks' illness. His age was 57 years.

AMADON MANLEY PIERSONS, M.D., a graduate of the New York Homœopathic Medical College in 1868, died at his home in New York City on August 28th, after a lingering illness, aged 65 years.

CHARLES S. STANLEY, M.D., a graduate of the Boston University School of Medicine in 1880, died from angina pectoris, after a short illness, at his home in Amesbury, Mass. His age was 64 years.

HARVEY K. LEONARD, M.D., a graduate of Hahnemann Medical College of Philadelphia in 1881, died suddenly from heart disease at his home in Plymouth, Pa., on August 23d, aged 49 years.

THOMAS A. ABBETT, M.D., a graduate of the Cleveland Homœopathic Medical Society in 1895, died from diabetes mellitus on August 7th, at his home in Glennie, Mich., aged 35 years.

ALONZO RICHARDSON MORGAN, M.D., a graduate of the Homœopathic Medical College of Pennsylvania in 1852, of Waterbury, Conn., died at the Massachusetts Homœopathic Hospital in Boston on August 31st, aged 73 years.

ROBERT W. B. CORNELIUS, a graduate of Hahnemann Medical College of Philadelphia in 1874, died at his home in Philadelphia on August 30th, aged 50 years.

**Personal.**—Dr. Norton, of 700 North 40th Street, West Philadelphia, announces to his patients and friends that he is rapidly regaining his health and strength. Nevertheless, at this date, his condition will not warrant his resuming the duties and responsibilities connected with his practice, and he has therefore associated with himself Dr. Wm. R. Williams, who will co-operate with Dr. Norton in the conduct of his practice. Office hours until 10 A.M., and from 7 to 8 P.M., excepting Wednesday and Sunday evenings.

Dr. John B. Garrison has removed to 115 East 71st Street, New York.

Dr. Edgar P. Brunner has removed to 1724 Spring Garden Street, Phila.

Dr. F. N. Hoffmeier, Hahnemann, 1903, has located at 101 East Antietam Street, Hagerstown, Md.

Dr. C. D. Herron, formerly of Pittsburgh, has removed to Covina, Los Angeles County, California.

Dr. Charles P. Haller, Hahnemann, '02, late resident-physician of the Buffalo Homœopathic Hospital, has located at 525 State Street, Bridgeport, Conn.

**Married.**—Miss Grace W. Reade and Dr. Henry C. Aldrich, of Minneapolis, at the residence of the bride's sister, Miss E. L. Ogilvie, St. Paul, on September 5th. At home after September 14th at 2431 Hennepin Avenue, Minneapolis, "The Sunny Side."

Mr. and Mrs. Eugene Partridge have the honor of announcing the marriage of their daughter, Katharine Darling, to Dr. Charles Dudley Saul on Monday, the 24th of August.

The Germantown Homœopathic Medical Society held its monthly meeting on Monday evening, September 21st, at 158 North 21st Street. Dr. Weston D. Bayley presented a paper entitled "What is Insanity?" in which the recent views of this subject were admirably elucidated. An excellent banquet was served.



The September Meeting of the Homœopathic Medical Society of the County of Philadelphia was held on Thursday, September 10, 1903, at the Hahnemann College, when W. H. Lyle, M.D., presented an admirable paper on "Blood Examinations from the Standpoint of the General Practitioner." At the October meeting, George F. Laidlaw, M.D., of New York, will demonstrate "The Bianchi-Smith Method of Outlining the Heart and the Krönig Method of Outlining the Apex of the Lungs." At the November meeting there will be held a Surgical Clinic by W. B. Van Lennep, M.D. The executive committee has determined upon holding a social function in December.

The Annual Meeting of the Missouri Valley Association will be held in Council Bluffs, Iowa, on the 7th and 8th of October. The program will be concise and clean cut. On the night of the 7th there will be a banquet served by the local profession. On the 8th there will be provided a most unusual and enjoyable entertainment in Omaha, the greatest electric parade ever given in the west.

The Homœopathic Medical Society of the State of New York held its semi-annual session on September 15th at Lake Placid, in the heart of the Adirondacks, and thither journeyed a large delegation of the representative physicians of the Empire State. Through the courtesy of the Lake Placid Club, the commodious buildings of that organization were made the headquarters of the society. The meeting was called to order promptly on Tuesday morning by the president, Dr. John W. Le Seur, of Batavia, and following his opening remarks and the ordinary routine business, the scientific program immediately was taken up. Dr. Newton M. Collins, of Rochester, in behalf of the Bureau of Gynæcology, presented a suggestive paper entitled "Some Thoughts on the Causes of Failure Following Gynæcological Operations." Dr. F. Park Lewis, of Buffalo, as chairman of the Bureau of Materia Medica, then introduced Dr. Alfred Wanstall, of Baltimore, an invited guest of the society, who presented a paper notable for its scholarly and philosophical character, entitled "An Examination into the Evidence upon which the Action of Similars was Predicated as a Law." This was followed by a spirited discussion, which continued after two other papers, "Why We should Know Our Remedies and How to Know Them," by Dr. A. Eugene Austin, and a "Comparison of the Physiological and Semiological Methods of Studying Drug-Action," by Dr. George F. Laidlaw, had been read. So great was the interest aroused by the views presented that the remainder of the morning session was consumed in their discussion.

In the afternoon, Dr. G. H. Jenkins, acting in the absence of the chairman of the Bureau of Obstetrics, presented to the society three papers, "Eclampsia Gravidarum—Its Prevention and Cure," by Dr. George R. Stearns; "Post-Partum and Puerperal Hæmorrhages," by Dr. Emily F. Swett, and "Puerperal Sepsis," by Dr. G. H. Jenkins. This was followed by the Bureau of Pædiatrics, Dr. Emily F. Swett, chairman, which presented papers on "Enteritis," by Dr. M. S. Ricker; "Infantile Convulsions," by Dr. Carl Blackley; "Gastro-Enteritis," by Dr. E. L. Hinman; and "Catarrhal Ileocolitis," by Dr. J. G. Chadwick.

The Bureau of Surgery, Dr. John M. Lee, chairman, then introduced the subject of Cholelithiasis. Dr. George E. Gorham presented an admirable consideration of the "Symptomatology and Diagnosis," and this was discussed by Dr. George F. Laidlaw. Owing to the late arrival of several members of the bureau, the remainder of the session was postponed until the evening, when the "Etiology" was considered by Dr. M. O. Terry, and the "Surgical Treatment" was reviewed in scientific detail by Dr. George W. Roberts. Drs. J. M. Lee, DeWitt G. Wilcox and other members of the society were heard in the ensuing discussion.



During the afternoon the Bureau of Public Health presented as its contribution a paper by Dr. E. Rodney Fiske, on "Superheating and Imperfect Ventilation in Our Dwellings and Places of Business," in which the ill-effects of these hygienic blunders was discussed in the light of modern knowledge as to the causation of disease.

The session closed with the report of the Bureau of Clinical Medicine and Pathology, the chairman of the Bureau, Dr. George F. Laidlaw, presenting to the society Dr. John Hutchinson, who discussed "The Nature of Acute Articular Rheumatism;" Dr. E. Wilton Brown, who reviewed "The Treatment of Acute Articular Rheumatism;" and Dr. F. Mortimer Lawrence, of Philadelphia, who outlined "The Treatment of Diabetes." The latter paper was discussed by Drs. L. A. Martin and George F. Laidlaw, and after this the society adjourned. Owing to the press of business, two papers, "The Relation Between Diabetes and Tuberculosis," by Dr. Howard P. Deady, and "The Krönig Method of Outlining the Apex of the Lung in the Diagnosis of Early Phthisis," by Dr. George F. Laidlaw, were postponed until the annual meeting in Albany, in February.

The meeting was largely attended by the wives of members and by the guests summering at Lake Placid, and in the intervals between the scientific sessions a delightful social atmosphere prevailed. Trips by steamer on Lake Placid, drives through the mountains and to John Brown's grave, which lies near Lake Placid, and many other outings, combined to make the meeting one long to be remembered.

**Wanted.**—By a physician who is removing to a different climate on account of wife's ill-health, a homœopathic physician with cash to purchase a homestead in a large village near Philadelphia, with a thickly populated surrounding country, growing rapidly; with this property goes a practice established twenty-six years, paying present owner over seven thousand dollars this last year. No better business opportunity could be offered. Address, Physician, HAHNEMANNIAN MONTHLY.

**A Homœopathic Professorship.**—As there is a chance that at the University of Leyden (Holland) a professor for homœopathy will be appointed, if at least the right man can be found,—which up to the present does not appear to be the case,—we deem of interest for our readers the article in the *Homœopathisch Maandblad* (a monthly paper published by the union for the promotion of homœopathy in the Netherlands), of which the translation is subjoined.

*Dear Colleague:* You have asked me to give you my opinion if it would be desirable to establish a homœopathic professorship at one of our universities. I will do so gladly, especially as there has been lately much written and spoken about the subject.

That the faculty does not desire the nomination of such a professorship need not astonish us in the least; we know pretty well the enmity of our allopathic colleagues which exists from the days of Hahnemann down to the present time, and which they have directed against the homœopathic treatment as practiced by us. It is true, and must be admitted, that on the whole there exists during the last few years among our allopathic colleagues in this country a little approach, and there also seems to be a better opinion regarding our motives: but, nevertheless, even now they still try their utmost to prevent an official recognition of the homœopathic treatment. This can be clearly proven from the writings of the faculty after the occasion of a probable nomination of an homœopath as a professor of pharmacognosie and pharmacodynamics at Leyden. I should like to remind you that such a professor was put down as a *worthless person* in the department of medical education, and simply looked upon as an added *ornament* (?) to the medical faculty. Even the wish was expressed, "that with the present great demand for an edifying instruction, the

faculty (at Leyden) should be saved from a professor whose object would be to cause only demolition and confusion."

You are certainly right when you tell me that later on, after a severe protestation against such sayings, it was admitted to have used too strong language; however, do not forget that this "flag-striking" has simply shown a little tendency towards the appointment of a scientific homœopath, and it appears that the meaning of a scientific homœopath is someone who has made a thorough study of the doctrine of Hahnemann, and therefore is able to teach the same in that light, just as Prof. Stokvis who lectured about it, but not some one who is an adherer and a convinced defender of this doctrine, some one who makes practical use of it and who has the courage to *call* himself an homœopath.

Of course, the appointment of an homœopath as professor does not seem desirable to the medical faculty. To this body it seems not necessary, not even desirable, that to the medical students should be explained the principles of the homœopathic treatment, the way in which it examines the medicines on the healthy body, the way in which they are prepared and the rules according to which the medicines having been *tried* on the healthy body and having been *prepared* in a quite peculiar way, are used at the sick-bed.

One cannot suppress the surmise that the faculty at Leyden thinks it *disadvantageous* to the medical student if he should be acquainted with these rules, or, however, could they have expressed the wish that they should like to be saved from the appointment of a professor who could only seek salvation in *demolition and confusion*?

However, it is not of so great importance for you and me what the *faculty* thinks about such an appointment, but it is very important to know if the establishing of an homœopathic professorship at one of the universities, where, up to the present, only non-homœopathic teachers have had their say, would be in the interest of the homœopathy, in order to advance and to spread the homœopathic treatment.

Now, my dear colleague, I must tell you that, after a long and earnest consideration on this subject, it appears to me that it would be in the true interest of homœopathy if H. M. the Queen would appoint an homœopath at one of our universities, who would be charged with the teaching of medicine, *i.e.*, the pharmacognosie and pharmacodynamics, but to whom should *not* be given a portion of the university hospital, in order to administer there to patients according to the system acknowledged and practiced by him.

I am fully aware that some of us don't consider a homœopath who is surrounded by only allopathic colleagues at the right place; they would prefer to see him separated from the faculty altogether. A homœopathic clinic should be established, and at the same time a teacher should be appointed who would be able to explain to such students as would care for it, the principles of homœopathy, both *theoretically* and *practically*. But under the present circumstances,—now that the government feels inclined to appoint a homœopath at one of our universities,—it appears to me to be more in the interest of homœopathy if a professor of homœopathy in the middle of the other professors of medicine had the right to *teach*, and, what is even of more importance, also the right to *examine*. In this case—namely, in case that the homœopath like other professors of pharmacognosie and pharmacodynamics shall be officially appointed—then *all* students, not only *those* who felt so inclined, but *all* students would then be compelled to follow the lectures of the professor of homœopathy, and at the same time *all* students would then be examined in all the branches the professor had taught. In this way a good many medici—at all events, all medical students from this university—would be familiar with the principles and doctrine of Hahnemann, and *without a doubt* a good many would express the desire to be taught not only theoretically, but also practically; they



would wish for a practical knowledge regarding the application at the sick-bed of the medicines existing in the plant, animal and mineral kingdom, after the principle of *similia similibus*.

No doubt, you will say: "But the opportunity will be lacking if, according to your wish, the professor of homœopathy will only teach pharmacognosie and pharmacodynamics. By teaching these branches he may well be able to explain the homœopathic principles, and also, besides the conception of the allopath, may he be able to teach the nature of the working of the medicines, and also may go especially into the subject of the homœopathic medicine doctrine; but all this is still only theoretical tuition; at the sick-bed he will not be able to prove the correctness of his theoretical explanations, and he will not be competent to teach *practice*."

This I will admit without hesitation. Yet, as the case stands at present, it is quite impossible that a homœopath can be appointed as clinicus. What should be done in that case? One part of the university hospital should be reserved for him. In one part of the hospital the patients would be treated homœopathically, in the other part allopathically. This, again, is, according to my opinion, an impossible claim. In a hospital where, up to the present time, only allopathic treatment was permitted, one must not compel suddenly one part of the patients to submit to a quite different treatment which even by the other professors has been condemned. To my way of thinking this would be extremely wrong, and would only lead to the greatest difficulties as well as to very unpleasant scenes and to bitter disappointment.

No, *practical tuition* regarding the application of medicine according to homœopathic principles should be separated, *quite* separated, from the faculty. Tuition of this sort should, if a professor of homœopathy has been appointed, be given quite independently from the faculty, be it by himself or—what would still be better—by somebody else, by an experienced physician at whose disposal should be placed at first a polyclinic, and later a homœopathic hospital.

It is my opinion, my dear colleague, that in this way we should make progress. We should then have, *firstly*, the theoretical instruction in the homœopathic treatment, the tuition of the medicine-doctrine according to the principles of homœopathy, whereby the conception of the allopaths concerning the working of the medicine should not be overlooked. All students must then attend the lectures, because they all have to be examined in these branches, and therefore all students will be acquainted with the doctrine of Hahnemann through the ardor and zeal with which the professor teaches this doctrine, and, also, through the ideal contemplation of the working of the medicines a good many students will, no doubt, be attracted and feel inclined to make a closer study of this doctrine. They will feel a want to investigate if these principles can be put into practice. They will attend the outside lectures of the homœopath, visit his polyclinic and attend his clinical lessons. And—what will be the result of it all? The result will be that among the many who make this experiment, either before or after their examination, there will be found some who are convinced of the truth of *similia similibus*, and therefore will then, along with us, defend the doctrine of Hahnemann, and, what is even of more importance, they will administer to their patients that treatment which only in reality *heals,—tuto, cito et jucunde*.

This, my dear colleague, is my opinion about this matter.

I don't pretend that you and all my homœopathic colleagues will coincide with my writing; yet what I have told you is, as already remarked, the outcome of a deep and repeated investigation, and therefore I should like you to give it your close and earnest attention. In case you should be of a different opinion in any matter, will you kindly let me know?

With kind regards,

DR. N. A. J. VOORHOEVE.



# THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

NOVEMBER, 1903.

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**Diseases of the Urinary Organs**, including Diabetes Mellitus and Insipidus. By Clifford Mitchell, A.B., M.D., Professor of Renal Diseases in the Chicago Homœopathic Medical College, Urologist to the Chicago Laboratory for Clinical Diagnosis. Illustrated. 716 pages. Linen, \$4.00 net. Postage, 30 cents. Philadelphia: Boericke & Tafel. 1903.

Mitchell's *Diseases of the Urinary Organs* has been written for the purpose of giving special information in regard to this subject to the general practitioner, who may any moment have need of knowledge so scattered through literature as to be practically inaccessible to him. Effort has been made to give special prominence to the diagnosis and treatment of diseases of the kid-

neys, ureters, bladder, prostate and urethra, together with diabetes mellitus and insipidus.

A careful perusal of a large portion of the book leads us to express as our opinion that Dr. Mitchell has presented to the profession a volume containing all practical information concerning the subjects of which it treats. Special attention has been given to all matters relating to treatment. If we have any criticism to make, it is that the author has not indicated more specifically his own ideas concerning therapeutic measures which he mentions, but evidently has not tried out in practice.

We are pleased to note that, notwithstanding the author is a medical man, he has by no means ignored the claims of surgery in the treatment of many of the diseases of the urinary organs. Indeed, he gives the indication for the use of the knife with the same clearness accorded his indications for the use of medicines and auxiliary measures.

We like the book and take great pleasure in commending it.

**The Theory and Practice of Medicine.** By Gaius J. Jones, M.D., Dean and Professor of Theory and Practice, Cleveland Homœopathic Medical College, etc. Edited and Arranged by J. Richey Horner, A.M., M.D., Professor of Mental and Nervous Diseases and Electro-therapeutics, Cleveland Homœopathic College, etc. Published by the Author. 1903.

This book is not, and does not claim to be, a complete work on the Practice of Medicine. Nor, again, is it a complete disquisition on any of the diseases the study of which it takes up. It is simply a short treatise on such diseases with which the author has had practical acquaintance during the forty years since he entered the medical profession. As such a book, we welcome it, and as such it will prove of great value to the student and practitioner. The objection that but few remedies are mentioned by way of treatment is one that will be brought forward by the hypercritical. As the editor remarks in his preface, "The general practitioner, while not restricting himself in any way in the use of our remedies, usually finds that nine-tenths of his patients will be treated by few remedies. Probably thirty remedies will be all that he will require generally, and the remaining tenth of his patients will be such as require a study of *materia medica* not suitable to the scope of such work as this." While agreeing in the main with this statement of Dr. Horner, we believe that his estimate of the number of remedies in common use by any one practitioner is too small. We believe that the possession of many remedies for any given condition is a confession of weakness, for it is well known that the diseases requiring (?) such are usually of two classes, one being diseases which always recover spontaneously, and the other, diseases which no one can cure.

**Constitutional Therapeutics.** By A. W. Woodward, M.D., Boericke & Tafel. 1903.

A volume written in the interests of accurate prescribing. Starting with the conclusions that the failure of a prescription to produce the expected result must be due either to a personal element or idiosyncrasy which must always modify results, or to a misconception, on the part of physician, of disease as a therapeutic problem, the author strives to show us how disease should be studied. How the surgeon should study it, how the therapist should view disease. He dwells upon the importance of a correct diagnosis to one, and the fundamental importance of a clear recognition of the cause of disease to the latter. He teaches us how to study symptoms, and how to correctly estimate their comparative importance. Heredity is considered most thoroughly, and the importance of recognizing that the soil upon which disease is planted often modifies, almost beyond recognition, the symptoms of that disease, is carefully pointed out.

The chapter upon Pharmacodynamics is well worth a careful reading. The author doubts the practicability of the repertory in many instances, and pleads for the recognition of the "individuality" of each remedy. The order of the development of symptoms of disease, and the order of occurrence of symptoms in the proving, are matters which have seldom been taken up so thoroughly and systematically as in this book.

In the section upon therapeutics, the author first considers the physiological action of the remedy, then he follows with a critical analysis of its effects upon the organs and various functions of the body, giving particular attention to the order in which said organs and functions have been disordered. The practicability of his therapeutic deductions is well illustrated, by many interesting and instructive cases garnered from our literature, and from the author's wide experience.

We have been much interested in this book, and believe that it is worthy of a careful reading by every member of our school. While we may differ from the author in some of his, less essential, conclusions, we feel that the object of the volume is so praiseworthy that it should be most heartily commended to the reading public as a book that is likely to make for greater accuracy in therapeutics, for less empiricism in our everyday work, and for an awakening of a wider interest in the study of pathogenesis. Indeed, unless our school *shall* awaken to the necessity of a more systematic and thorough study of drug pathogenesis, we shall soon be as empirical and as superficial in our adaptation of drug to patient as are our friends of the contrary faith.

**The Management and Care of Children: Including Homœopathic Treatment.** By William Boericke, M.D. Homœopathic Publishing Co., San Francisco. 1903.

The only regret we have after perusing this compend is that Dr. Boericke did not give us a larger and more complete work on the subject. While Dr. Boericke is one of the ablest exponents of strict homœopathy, and one of the soundest therapeutists and materia medicists in the school, still he is so liberal in his views, and fair in his criticism of the modern methods in therapeutics that have crept into pædiatric practice, that much weight is added to his personal views and practices.

A splendid feature of this little work is that, beside remedies, full directions as to the care and nursing of the babe, diet, hydrotherapy and prophylaxis are given.

Dr. Boericke's experience with children has been unusually extensive, and the therapeutic recommendations he makes must appeal to us as authoritative. He does not, however, adhere blindly to the indicated remedy, and of adenoids he tells us, "Unfortunately, remedies but partially relieve, and operation is the one thing that will permanently cure."

The chapter dealing with the special indications for remedies is well done, and is followed by an interesting dissertation on the "tissue remedies."

**A Reference Handbook of the Medical Sciences.** Embracing the entire range of Scientific Medicine and Practical Medicine and Allied Science. By various writers. A new edition, completely revised and rewritten. Edited by Albert H. Buck, M.D., New York City. Volume VI. Illustrated by chromolithographs and 763 half-tone and wood engravings. New York: Wm. Wood & Co. 1903.

As this grand work nears completion we appreciate more and more its great practical value. With the subjects considered, brought down to the end of the R's, it has traversed sufficient of the realm of medical science to make it useful as a work of reference. Its value, however, cannot be appreciated until we get the last volume and its thorough index.



Volume VI., like its predecessors, is made up of many monographs, of which "Muscles and Their Diseases," "The Nasal Cavities," "Naval Hygiene," "Ophthalmoscope," "Opium," "Pancreas," "Pharynx and Its Diseases," and the "Pulse," are worthy of especial mention. No comment of the character of the work done, other than praise, is possible. Certainly, the magnitude of the subjects treated makes an analytical review out of the question.

**International Clinics.** A Quarterly of Illustrated Lectures and Especially Prepared Original Articles on Treatment, Medicine, Surgery, Neurology, Pædiatrics, Obstetrics, Gynæcology, Orthopædics, Pathology, Dermatology, Ophthalmology, Otology, Rhinology, Laryngology, Hygiene and Other Topics of Interest to Students and Practitioners, by Leading Members of the Medical Profession Throughout the World. Edited by A. O. J. Kelly, A.M., M.D., Philadelphia. Volume III. Thirteenth Series. Philadelphia: J. B. Lippincott Co. 1903.

This volume opens with a most valuable symposium on "Diseases of the Gall-Bladder and Gall-Ducts." The first of these articles is by Dr. J. H. Musser, of Philadelphia, and deals with the medical aspects of the subject. So far as the ideas presented by Dr. Musser are concerned, they are of a most valuable character. But we cannot help expressing our regrets that this profound thinker, that this able and practical medical man, does not cultivate a more readable literary style. Other men of far less ability succeed in fascinating the reader, so that they can be followed throughout their writings without effort on the part of the searcher after knowledge. It is the duty of the leader in medical literature to cultivate a literary style to which the *litterateurs* in other branches of knowledge can take no exception. It is true that every one cannot be an Osler or a Gowers. Nevertheless, it must be remembered that a diamond is not always recognizable as such until it has been dressed by the lapidary. We do not wish, in making this criticism, to underestimate the value of Musser's teachings, but merely to express the difficulties we have encountered in studying his writings. It is true that we have always found that the labor paid for the results, but we feel that the same result could have been attained with decidedly less labor if the author had been more critical of himself when handling the pen.

Of the remaining articles in this volume, those relating to "The Treatment of Pneumonia," "The Medical Treatment of Gastric Cancer," "The Malarial Infections," "The Clinical Types of Pneumonia, with Especial Reference to the Aberrant Forms," "Sudden Death Due to Respiratory Disorders," and "The Clinical Evidence of Myocardial Damage in Rheumatic Fever," will appeal especially to the practical physician.

This number of *The Clinics* is on the same high plane as that occupied by preceding volumes.

**Uric Acid as a Factor in the Causation of Diseases.** A Contribution to the Pathology of High Blood-Pressure, Headache, Epilepsy, Nervousness, Mental Diseases, Asthma, Hay Fever, Paroxysmal Hæmoglobinuria, Anæmia, Bright's Disease, Diabetes, Gout, Rheumatism, Bronchitis and Other Disorders. By Alexander Haig, M.A., M.D.Oxon., F.R.C.P., Physician to the Metropolitan Hospital and the Royal Hospital for Children and Women; Late Casualty Physician to St. Bartholomew's Hospital. Sixth Edition. With 75 Illustrations. Philadelphia: P. Blakiston's Son & Co. 1903. Price, \$3.50.

Concerning the correctness of Haig's views on uric acid as a factor in the causation of disease, we have expressed our opinions elsewhere. Although

differing with the author as to the importance of the subject, we must admire the industry and ingenuity displayed by him in forcing his theories upon the medical profession, and accord him full credit for the wide acceptance of the uric acid theory by physicians throughout the civilized world.

This book may be regarded as the greatest authority on the subject. We say this while believing that he is riding his hobby to death. We know nothing as to his health, and cannot speak of his circulation. But we cannot help being amused over the following quotation from his preface: "I have several times offered people five pounds for every meat eater they could produce whose color and circulation would equal my own; I might have made it fifty or five hundred, for no one has made any money at it, or is ever likely to do so; there are practically no such meat eaters, with possibly a few exceptions in the highest nutrition periods of life." How he is able to determine that certain individuals have not half his color we do not know. Such wild statements are not conducive to the acceptance of Haig's views by scientific men.

**A System of Physiologic Therapeutics.** A Practical Exposition of the Methods, Other than Drug Giving, Useful in the Prevention of Disease and in the Treatment of the Sick. Edited by Solomon Solis-Cohen, A.M., M.D., Professor of Medicine and Therapeutics in the Philadelphia Polyclinic; Lecturer on Clinical Medicine at Jefferson Medical College, etc. Volume IX. Hydrotherapy, Thermotherapy, Heliotherapy and Phototherapy, by Dr. Wilhelm Winternitz, Dr. Alois Strasser and Dr. B. Buxbaum. And Balneology and Crounotherapy, by Dr. Henry Kisch. Illustrated. Philadelphia: P. Blakiston's Son & Co. 1903.

The portions of this work which will be found the most useful to the general practitioner are those relating to hydrotherapy, for therein will he find described many practical measures of inestimable value in treating the sick. In fact, we might say that were the series of books making up this therapeutic encyclopædia of no value other than the chapters relating to hydrotherapy, it would still constitute a necessary addition to the library of the general practitioner. The idea that the practice of hydrotherapy is impossible outside the walls of specially designed institutions is a great mistake, which needs correction. The various methods by which the general practitioner can make use of the healing effects of water are fully described.

Under the heading of "Balneotherapy and Crounotherapy," the therapeutic uses of the various spring waters are fully described.

**Physics and Inorganic Chemistry.** A Manual for Students and Practitioners. By Alexius McGlennan, M.D., Associate Professor of Physiological Chemistry; Instructor in Clinical Laboratory, College of Physicians and Surgeons, Baltimore, M.D. Series edited by V. C. Pederson, A.M., M.D., Instructor in Surgery and Anæsthetist at the New York Polyclinic Medical School and Hospital, etc. Illustrated with 20 engravings. Lea Brothers & Co., New York and Philadelphia.

As this is only a manual of inorganic chemistry and physics, new discoveries, unless thoroughly confirmed, and novel theories are not considered. The purpose of the book is to set forth the accepted and proved facts, forming the basis of the sciences, in a manner which, in the author's opinion, will serve best for their clear and easy understanding by the student.

The work will prove of especial value to the student and practitioner preparing for examination.

**A Handbook of Obstetric Nursing for Nurses, Students and Mothers.** Comprising the Course of Instruction in Obstetric Nursing given to the Pupils of the Training-School for Nurses connected with the Woman's

Hospital of Philadelphia. By Anna M. Fullerton, M.D., formerly Obstetrician, Gynecologist and Surgeon to the Woman's Hospital of Philadelphia; Physician-in-Chief and Superintendent of its Nurse-School; and Clinical Professor of Gynecology in the Woman's Medical College of Pennsylvania, etc. Sixth revised edition. Illustrated. Philadelphia: P. Blakiston's Son & Co. 1903.

The methods of procedure advocated in this book are those observed in the maternity of the Woman's Hospital of Philadelphia. The results attained by an adherence to them have well proved their value. In this, as in former editions, the author has brought the teachings of the book up to the requirements of modern obstetric practice, and made the little volume a *vade mecum* of knowledge on the subject, for the guidance not only of the nurse, but of patients and physician as well.

**Diseases of the Nose and Throat.** By Charles Huntoon Knight, A.M., M.D., Professor of Laryngology, Cornell University Medical College; Surgeon, Manhattan Eye and Ear Hospital, Throat Department; Member of the American Laryngological Association, etc. One hundred and forty-seven illustrations. Philadelphia: P. Blakiston's Son & Co. 1903. Price, \$3.00 net.

The contents of this work have formed the basis of a course of lectures at Cornell University Medical College, and have been arranged chiefly for the convenience of students. The author has included only the essentials of anatomy and has omitted all bibliographical references. In these days of change and progress, it is easy to find many questions to which it is unsafe to give a final and positive answer. Even the accepted views as to the physiology of the larynx and the action of the vocal cords are likely to be amended in the light of recent interesting researches. Theories of nasal pathology, the innervation of the larynx, the whole subject of therapeutics of the upper air tract, are in a state of unrest which offers a wide field for investigation. It is becoming, therefore, to approach the study of these matters with an open mind, being prepared at all times to discard the old and test the new. It is with this spirit that the work is presented to the profession, and the author hopes that it will be of some service to seekers after truth.

**Modern Surgery: General and Operative.** By John Chalmers DaCosta, M.D., Professor of the Principles of Surgery and of Clinical Surgery in the Jefferson Medical College, Philadelphia. Handsome octavo volume of 1099 pages, with over 700 illustrations, some in colors. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Cloth, \$5.00 net; sheep or half-morocco, \$6.00 net.

This work presents in a concise form the fundamental principles and the accepted methods of modern surgery. Obsolete and unessential methods have been excluded in favor of the living and the essential. The author's extensive experience as a teacher is evident throughout the entire work, the statements being clear and to the point.

The progress of surgery in every department is one of the most notable phenomena of the present day. So many improvements, discoveries and observations have been made since the appearance of the last edition of this work that the author found it necessary to rewrite it entirely. In this fourth edition the book shows evidences of a thorough and careful revision, and there has been added much new matter. There have also been added over 200 excellent and practical illustrations, greatly increasing the value of the work. Because of the great amount of new matter it has been deemed advisable in this present edition to adopt a larger type page. This is a great improvement, rendering, as



it does, the work less cumbersome. The book will be found to express the latest advances in the art and science of surgery. We certainly recommend it.

**The Four Epochs of Woman's Life.** Maidenhood, Marriage, Maternity, Menopause. By Anna M. Galbraith, M.D., Author of *Hygiene and Physical Culture for Women*; Fellow of the New York Academy of Medicine, etc. With an Introductory Note by John H. Musser, M.D., Professor of Clinical Medicine, University of Pennsylvania. 12mo. volume of 247 pages. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Cloth, \$1.50 net.

This work, written for the instruction of the laity on subjects of which every woman should have a thorough knowledge, is indeed a timely and excellent one. The fact that a second edition has been demanded in such a short time is sufficient proof that women have at last awakened to a sense of the penalties they have paid for their ignorance of those laws of nature which govern the epochs of their lives. The language used is clear and comprehensive, yet, withal, modest, and the meaning easily grasped even by those unfamiliar with medical subjects. As a further aid, a comprehensive glossary of medical terms has been appended.

In this new edition the author has made some excellent additions, viz.: a section on "The Hygiene of Puberty;" one on "Hæmorrhage at the Menopause a Significant Symptom of Cancer;" and one on "The Hygiene of the Menopause." These sections make the work the very best on the subject we have seen, and physicians will be doing a real service by recommending it to their patients.

**A Manual of the Practice of Medicine.** By A. A. Stevens, A.M., M.D., Professor of Pathology in the Woman's Medical College of Pennsylvania; Lecturer on Physical Diagnosis in the University of Pennsylvania; Physician to the Episcopal Hospital and to St. Agnes's Hospital; Fellow of the College of Physicians of Philadelphia, etc. Sixth edition, thoroughly revised, enlarged and reset. Handsome post-octavo of 556 pages, illustrated. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Flexible leather, \$2.25 net.

The popularity of this Manual on the Practice of Medicine can be attested for by its numerous editions. The work covers completely the ground gone over by the student, especial stress being laid on diagnosis, differential diagnosis and treatment. Each disease is treated in a concise, clear and scientific manner, and the reader cannot fail to grasp the author's meaning. This sixth edition has been entirely reset and greatly enlarged, without changing, however, the original style of the work. Many articles, notably those on Diseases of the Digestive System, Diseases of the Myocardium, Malaria, Diseases of the Blood, Gout, Diseases of the Spinal Cord and Larynx, have been entirely rewritten, thus bringing the work absolutely abreast the times. After a careful examination we can unhesitatingly recommend this book to students.

**Physical Diagnosis of Diseases of the Chest.** By Richard C. Cabot, M.D., Physician to Out-Patients, Massachusetts General Hospital; Assistant in Clinical Medicine, Harvard Medical School. Second revised edition, with 147 illustrations. New York: William Wood & Co. 1903.

The author says in the opening sentence of his preface that this work, so far as he knows, contains nothing original. In the sense of stating something of a positive nature discovered by him, this remark may be accepted as correct. When, however, the reader notes that he has corrected many popular fallacies concerning the principles of physical diagnosis, fallacies which have been held

dear to the hearts by many leading diagnosticians, fallacies which have been handed down by teacher to pupils, and copied by one author after another, it is readily seen that Cabot's *Physical Diagnosis* has a strong claim for originality. The author has been sufficiently keen to recognize error when he sees it, and has had the courage to proclaim it. To our mind, his book is the only one that can with safety be placed in the hands of the novice. He makes no claim for wonderful training of the ear; he boasts of no infallibility; he unhesitatingly admits the possibility of medical man erring in all things human, even in such simple matters as the examination of a diseased chest; and herein he meets with the sympathy of those of his fellow-practitioners who are unfortunate enough to sometimes be wrong.

Dogmatic teaching is foreign to the purpose of the work. The aortic systolic murmur, for example, is not held to be pathognomonic of aortic stenosis, but is shown to be a symptom of numerous conditions, the differential diagnosis of which he is careful to outline. Other signs are treated in a like scientific manner. Such fallacies of the past, as "the aortic second sound is normally louder than the pulmonic sound, that aortic regurgitant murmurs are usually heard best in the second right interspace, that a hypertrophied left auricle can produce dulness and pulsation near the left sternal border, that systolic retraction of the cardiac apex means adherent pericardium, that epigastric pulsation denotes hypertrophy of the right ventricle," and numerous others of like nature, are effectually exposed.

The style of the author, his refreshing candor and positiveness, and his evident display of a scientific mind, make the work one that cannot but be instructive to all,—even to those who have nothing more to learn.

### **The Essentials of Modern Materia Medica and Therapeutics.**

By John William Fyfe, M.D., formerly Professor of Specific Therapeutics in the Eclectic Medical College of the City of New York. With a complete Formulary, compiled by George W. Berkowitz, A.M., M.D., Dean of the Eclectic Medical College of the City of New York. Cincinnati: The Scudder Brothers Co. 1903.

The word "essentials," as applied to a text-book like the one before us, is certainly abused. The author has presented for the considerations of his readers a very large number of drugs in the briefest possible manner. In fact, his brevity is so great as to make the book, in our opinion, of no value to any one, even to the lazy reader who yearns for the short and pithy articles. It would have been much better if he had considered fewer drugs, and described their physiological action and utility in diseases in a manner commensurate with their importance. As the book stands, it is simply an index, and nothing more.

**The Thirty-Ninth Annual Session of the Homœopathic Medical Society of the State of Pennsylvania** was held in Scranton on September 22d, 23d and 24th. At the opening session, held in the Board of Trade Assembly Room on Tuesday, an address of welcome was made by Dr. F. W. Lange, President of the Lackawanna County Society, and Mr. L. C. Seamons, Secretary of the Scranton Board of Trade, read a letter of welcome from Mayor A. F. Connell, supplementing the letter with some words of greeting from the Board of Trade. Dr. W. A. Seibert, of Easton, Vice-President of the Society, responded with a fitting address.

The annual address was then given by O. S. Haines, M.D., of Philadelphia, President of the Society. Dr. Haines said that the medical profession to-day stood united upon a common platform, the welfare of man. All barriers to fraternal intercourse have been torn asunder. Hahnemann's methods were offered a century too early. Had the law of similia been announced in 1902, it



would have been accorded universal recognition as the greatest therapeutic advance since the day of Hippocrates. He hoped some future president of the society would be able to announce that the homœopathic school no longer existed as a medical sect, but that, owing to the universal recognition of the truth and utility of the law of drug-selection, the whole medical world had at last become one in beliefs as well as aims and purposes.

George B. Moreland, M.D., of Pittsburgh, Recording Secretary of the Society, read the report of the organization, showing that in the State Society there were 333 active, 12 honorary, and 6 corresponding members, and that there are 30 local societies with a membership of 1087.

The Section of Obstetrics, Julia Gould Waylan, M.D., Chairman, then reported. D. C. Kline, M.D., of Reading, read a paper on "Prenatal Influences," and this was discussed by I. B. Gilbert, M.D., of Philadelphia; Theodore Johnson, M.D., of Pittston; and Julia Gould Waylan, M.D., of Philadelphia. Edward H. Van Deusen, M.D., of Philadelphia, reviewed "The Management of Labor in Private Practice." This was discussed by T. J. Gramm, M.D., of Philadelphia, and Drs. F. D. Brewster and G. J. Berlinghof, of Scranton. Mary A. Cook, M.D., of Philadelphia, reported an interesting case, which was discussed by Drs. E. H. Van Deusen, T. J. Gramm and Chandler Weaver, all of Philadelphia.

The afternoon session, presided over by Vice-President Seibert, was devoted to Gynæcology. Dr. T. J. Gramm, of Philadelphia, read a paper on "Pruritus Vulvæ," which was discussed by Dr. H. P. Cole, of Hartford, Conn., and Dr. G. J. Berlinghof, of Scranton. Following this, Dr. Theodore L. Chase, of Philadelphia, presented the subject of "Fibroid Tumors of the Uterus," and this was the subject of an interesting discussion.

The Section of Pathology was then opened by the presentation, by Samuel W. Sappington, M.D., of Philadelphia, of a paper on "The Preservation of Pathological Specimens in Their Normal Colors." This was accompanied by an extremely interesting display of specimens, and attracted great attention. Bernard E. Bigler, M.D., of Philadelphia, read a paper on "The Present Status of Roentgen Ray Therapy in the Treatment of Malignant Growths," and this drew forth an interesting discussion by Drs. E. M. Gramm, of Philadelphia; H. P. Cole, of Hartford, Conn.; and Hills Cole, of New York.

At the evening session Dr. Theodore M. Sureth, of Scranton, second Vice-President of the Society, presided. T. J. Gramm, M.D., of Philadelphia, read a paper on "Pathological Processes Affecting the Endometrium," which was admirably illustrated with micro-photographs. This was discussed by Dr. T. L. Chase, of Philadelphia. D. B. James, M.D., of Philadelphia, read a paper on "Carcinoma Uteri," and this was commented upon by Drs. T. L. Chase, of Philadelphia; George W. Roberts, of New York; and T. J. Gramm, of Philadelphia.

In behalf of the Bureau of Pædiatrics, Dr. John L. Redman, of Philadelphia, reported "Forty Cases of Capillary Bronchitis Treated with One Remedy." This paper, which was read in abstract, elicited a warm discussion in which Dr. F. W. Boyer, of Pottsville; Drs. E. R. Snader, T. J. Gramm, Chandler Weaver and S. W. Sappington, all of Philadelphia; Dr. G. W. Roberts, of New York; Dr. W. A. Seibert, of Easton; and Dr. O. S. Haines, of Philadelphia, took part. Dr. Margaret H. Schantz, of Reading, presented a paper entitled "Preputial Adhesion in Little Girls and Boys." This was discussed by Dr. M. G. Dietz, of Hazleton; Dr. E. R. Snader, of Philadelphia; Dr. G. W. Roberts, of New York; Dr. Anna Clark, of Philadelphia; and Dr. H. P. Cole, of Hartford, Conn. E. R. Snader, M.D., of Philadelphia, offered "Some Considerations in the Diagnosis of Heart Disease in Infancy and Childhood," and C.



Sigmund Raue, M.D., of Philadelphia, closed the session with an admirable paper on "The Clinical Examination of the Intestinal Contents of Children."

At the opening of the Wednesday morning session the Legislative Committee made its report. Dr. D. P. Maddox, of Chester, the Chairman, reported that at the last session of the State Legislature the homœopathic institutions of the State were well cared for in the appropriation bills, and that the Eaton and Ray bills, both highly obnoxious to all physicians, had been killed. An amendment to the Constitution, Article VI., Section 1, offered by Dr. H. B. Ware, of Scranton, was then adopted, so that the section now reads "The annual meeting shall be held in the month of September on the day and at the place decided upon at the annual meeting next preceding; and invitation to hold the annual meeting in any locality shall be considered only when extended by a regularly organized society." It is feared by some that the amendment was not specific enough, and it was proposed that the invitation should come up officially from a society. President Haines did not think, however, that any member would take it on himself to send an invitation without the sanction of his society, and the amendment was passed as proposed.

The Section of Surgery occupied most of the remainder of the session. G. B. Moreland, M.D., of Pittsburgh, read a paper on "The Necessity of Making Rectal and Sigmoid Examinations More Frequently," which was discussed by Drs. G. W. Roberts, of New York; H. P. Cole, of Hartford, Conn.; G. J. Berlinghof, of Scranton; D. C. Kline, of Reading; M. G. Dietz, of Hazleton; H. W. Champlin, of Bloomsburg; and Francis Boyer, of Pottsville. Dr. L. T. Ashcraft, of Philadelphia, offered some original ideas in a paper on "The Benefit Derived From Perineal Drainage in Certain Genito-Urinary Diseases," and Dr. E. R. Gregg, of Pittsburgh, chairman of the bureau, contributed a striking paper under the title of "The American Surgeon: Should He Excel?" in which he took advanced ground for homœopathy and the indicated remedy. By invitation, Dr. H. P. Cole, of Hartford, Conn., demonstrated a new and novel method for correcting deformities of the foot. This closed the surgical section. The Section on Sanitary Science presented two papers: "Typhoid Infection," by I. B. Gilbert, M.D., of Philadelphia; and "Some Jottings on Sanitary Science," by E. M. Gramm, M.D., of Philadelphia. With the discussion of these papers the morning session ended.

The afternoon session was devoted to a consideration of *Materia Medica*. Chandler Weaver, M.D., discussed "The Calcareas." His paper was commented upon by Dr. W. G. Dietz, of Hazleton. J. W. Dehoff, M.D., of York, recorded some "Clinical Verifications."

Thursday morning was given up to the Section of Clinical Medicine. Dr. Weston D. Bayley, of Philadelphia, discussed "The Genesis of Professional Invalidism," and this was commented on at length by Dr. I. W. Heysinger, of Philadelphia. Dr. F. Mortimer Lawrence, of Philadelphia, in a short paper, reviewed the more recent views as to "Diet in Chronic Nephritis." This was discussed by Drs. F. W. Lange and T. J. Gramm. Dr. F. W. Lange, of Scranton, reported some "Emergency Cases in General Practice," in which brilliant results were achieved by "Similia." W. F. Baker, M.D., of Philadelphia, discussed "The Influence of Traumatism of the Chest Walls in the Development of the Phthisis Pulmonalis," and Dr. M. J. Holben, of Slatington, read a paper on "Influenza and its Treatment."

The closing hours of the session were devoted to Ophthalmology, Otology and Laryngology. E. W. Brickley, of York, read a paper on "The Omnipresent Spectacle," and this was discussed by Dr. H. P. Ware. W. W. Blair, M.D., of Pittsburgh, wrote of "The Modern Treatment of Trachoma," which was discussed by Drs. Schantz, of Reading; Brickley, of York; Ware, of Scranton; and Stitzel, of Hollidaysburg.

The election of officers resulting in the selection of the following: *President*, D. C. Kline, M.D., of Reading; *First Vice-President*, Theodore M. Sureth, M.D., of Scranton; *Second Vice-President*, Edward R. Gregg, M.D., of Pittsburgh; *Recording Secretary*, George B. Moreland, M.D., of Pittsburgh; *Corresponding Secretary*, E. M. Gramm, M.D., of Philadelphia; *Treasurer*, Ella D. Goff, M.D., of Allegheny; *Necrologist*, Chandler Weaver, M.D., of Philadelphia; *Censor*, to serve three years, Anna C. Clarke, M.D., of Scranton; *Trustees*, D. C. Kline, M.D., of Reading, and I. B. Gilbert, M.D., of Philadelphia.

The following were elected to membership in the Society: Bernard E. Bigler, M.D., Philadelphia; G. M. DeWitt, M.D., Scranton; M. B. Gerberich, M.D., Lebanon; G. Morris Golden, M.D., Philadelphia; Malcolm D. Holben, M.D., Slatington; D. B. James, M.D., Philadelphia; Nathaniel F. Lane, M.D., Philadelphia; A. S. McDowell, M.D., Reading; A. Clement Shute, M.D., Pottstown; W. A. Stewart, M.D., Pittsburgh; Francis A. Whiteman, M.D., Wilkesbarre; and Harry E. Williams, M.D., Coatesville. It was decided that the Society would meet in Easton next September.

In addition to the thorough scientific work accomplished by the Society, a number of social diversions were enjoyed by the visiting members. On Wednesday a number of those who had never seen the inside of a coal-breaker were taken through the Oxford mine and thoroughly enjoyed their novel experience. On Wednesday evening the Lackawanna Homœopathic Society provided an elaborate banquet and smoker for the physicians, while the ladies were entertained with a dinner and concert. The attendance at the meeting was not quite so large as had been anticipated, but because of the quality of the work done and the warmth of the welcome extended by Scranton to its visitors the session was one long to be remembered.

The Cleveland Homœopathic Medical College held its opening exercises for the year 1903-4 on September 21st, at eleven o'clock, in the main lecture room of the College Building, No. 226 Huron Street. The President of the Board of Trustees, Hon. Henry C. White, presided, and Prof. Pulaski B. Roper, of the faculty, delivered the opening address.

The Fiftieth Semi-Annual Session of the New Jersey State Homœopathic Medical Society was held at the Shelbourne, Atlantic City, on October 7th and 8th. At the opening session, held on Wednesday afternoon, Dr. John R. Fleming, the President, presided, and the routine business of the session was transacted. At the evening session, papers were presented by Dr. L. T. Ashcraft, of Philadelphia, on the "Use of Sound and Catheretery;" by Dr. E. R. Snader, of Philadelphia, on "Digitalis;" by Dr. Bernard Clawson, of Hoboken, on "What Won't They Stand?" and by Dr. George F. Laidlaw, of New York, on "The Krönig Method of Outlining the Apex of the Lung." At the second scientific session, held on Thursday morning, Dr. J. H. Cooley, of Plainfield, read a paper on "Aconite;" Dr. Wallace McGeorge, of Camden, discussed "Appendicitis: Its Treatment and Cure;" and Dr. A. W. Bailey, of Atlantic City, presented an article on "Electricity in Hay Fever."

On Wednesday evening a banquet was tendered to the State Society by the Atlantic City Homœopathic Medical Club. Toasts were responded to as follows: "Hahnemann," drank in silence; "M.D.'s vs. D.D.'s," Rev. N. W. Caldwell, D.D.; "N. J. State Society," J. R. Fleming, M.D.; "Homœopathy in New Jersey," E. M. Howard, M.D.; "X-Ray Burns," E. M. Gramm, M.D.; "Our Sister Societies," C. W. Perkins, M.D.; "He, She, It," Rev. J. Morgan Read, D.D.; "The Ladies," Alfred Westney, M.D.; "The Old



Men in Medicine," E. R. Snader, M.D.; "Our Sister Sisters," G. F. Laidlaw, M.D.; "The Atlantic City Club," J. W. Hughes, M.D.

In the absence of Dr. Mandeville, Dr. A. W. Bailey, of Atlantic City, acted as toastmaster. Telegrams were read from Dr. Mandeville and Dr. George W. Roberts, and the speeches were interspersed with selections by a quartette under the direction of Dr. Hood, of Atlantic City. The meeting was universally adjudged a brilliant success.

The Regular Monthly Meeting of the Homœopathic Medical Society of the County of Philadelphia was held on Thursday evening, October 8th. In spite of the heavy storm the amphitheatre of the Hahnemann Hospital was well filled, and the demonstration by Dr. George F. Laidlaw, Professor of Practice of Medicine in the New York College, of "The Bianchi-Smith Method of Outlining the Heart and the Krönig Method of Outlining the Apex of the Lung," aroused great interest.

The William B. Van Lennep Clinical Club held its regular monthly meeting in the offices of Dr. F. C. Benson in the Professional Building, 1833 Chestnut Street, on the evening of Tuesday, October 6th. Dr. Benson presented a notable paper dealing with "Cancer of the Breast," which elicited a spirited discussion. After the meeting a Dutch luncheon was served at the Rathskeller.

The Missouri Valley Homœopathic Medical Association met in annual session at Council Bluffs, Iowa, October 7th and 8th. The Society was called to order by the President, Dr. Benj. F. Bailey, of Lincoln, Nebraska. The usual reports, including that of the Secretary, Dr. Earle B. Woodward, of Lincoln, were read. The Society listened to an address of welcome by Dr. Phineas J. Montgomery, of Des Moines, Iowa.

Among the more important and interesting papers which were read was one by Dr. Dellizon A. Foote, of Omaha, upon the subject of "Surgery of the Appendix." The subject was especially well treated by Dr. Foote, and was very thoroughly discussed by the Society.

Under *Materia Medica*, there was a paper upon "Our *Materia Medica*," by Dr. Phineas J. Montgomery, of Council Bluffs, Iowa, and one upon "Natrum Muriaticum," by Dr. Lewis P. Crutcher, of Kansas City, Mo. These papers are especially worthy of mention in the Section of *Materia Medica*. There was also a paper upon "Drugless Therapeutics," by William E. Leonard, of Minneapolis, which was read and thoroughly appreciated, although the writer was absent.

Upon the Section of Pædology was presented a paper upon "Orificial Surgery in Children," by Dr. Alfred S. Mattson, of Omaha; upon the "Value of Homœopathy in Pædiatrics," by Dr. Abby Virginia Holmes, of Omaha, who was Chairman of the section. Dr. John L. Hanchette, of Sioux City, acted as Chairman of the Section of Surgery. Dr. James F. Battin, of Onawa, Iowa, was his efficient secretary.

Dr. Phineas J. Montgomery, of Council Bluffs, Iowa, presented a paper in the Section of Sanitary Science on "The Physician as Health Commissioner." The Section of Obstetrics, under Dr. Frederick F. Teal, of Omaha, Chairman, presented papers as follows: Dr. Martha E. Clarke, of Omaha, on "Artificial Feeding of Infants;" Dr. Peter Benthack, of Platte Center, "On a Few Obstetrical Experiences;" and Dr. Frederick W. Teal on "Puerperal Eclampsia." These papers were thoroughly discussed and were especially praiseworthy.

In the Section of Clinical Medicine, Dr. George Royal, Des Moines, Iowa, Chairman, presented a practical homœopathic paper upon "Typhoid Fever."



Dr. Alexander M. Lynn, Des Moines, Iowa, presented a paper upon "The Present Status of Vaccination," presenting clearly the struggle of homœopathic members of the Iowa State Board of Health for the right to vaccinate by internal means, or at least the right to render immune by internal medication instead of local vaccination. This paper will undoubtedly be published, and will be of much interest to the profession and public at large.

The Section of Mental and Nervous Diseases, with Dr. C. A. Young, of the Lincoln Asylum, Nebraska, Chairman, presented two able papers upon "The Relation of Medical Men to Insanity," and upon "Cerebral Contusions."

In the Section of Ophthalmology and Otology a paper was presented by Dr. Frank Duncan, Des Moines, Iowa, Chairman, and one upon "Systematic Examination of Ears in School Children," by Dr. Earle B. Woodward, Lincoln.

A banquet was tendered to the Society at the Grand Hotel on Wednesday evening. It was followed by an address of welcome by Hon. Dell Morgan, Mayor of Council Bluffs, and a reply to the mayor's address by Abby Virginia Holmes, Vice-President of the Society, followed by toasts from a number of those present. Dr. M. B. Snyder, of Council Bluffs, presided and made a most witty toastmaster.

The following resolutions were introduced by the President, Dr. Benjamin F. Bailey, and were unanimously adopted by the Society:

"WHEREAS, At a recent date the county societies, in affiliation with the American Medical Association, have extended to the members of our school an invitation to become members of their societies, and

"Whereas, We appreciate the courtesy extended and only regret that the invitation was accompanied by a restriction, demanding that we forfeit our membership in our own societies, and

"Whereas, We recognize in this invitation the broad and liberal desire to unify all societies and members in scientific research and, hence, believe the before-mentioned restrictions to have been an error as to ways and means, and not an intention to restrict scientific research to certain channels, therefore, be it

"Resolved, That this Society extends to all members of the medical profession, of whatever school, who are in good and regular standing before the law, a hearty invitation to become members of this Society, without sacrificing affiliation with their own societies, and with only the restriction that they shall honestly give to the special law of similia a special duty and fair consideration, and that we bind ourselves to give to the researches of other schools the same respectful consideration that we ask for our own, and be it further

"Resolved, That we suggest that all homœopathic societies extend to the general profession a similar invitation."

In offering the resolutions Dr. Bailey said he did so not with any intention of getting back, as it might be termed, at the American Medical Association, but with hope that such action by the Homœopathic Medical Societies would result in more harmonious relations between the different schools of medicine, and in turn prove a direct benefit to humanity. Dr. Bailey said further that he believed the American Medical Association, when it considered the matter more fully, would ultimately withdraw the restrictions and extend an open invitation to practitioners of the homœopathic school to join its ranks.

Resolutions of regret at the death of Dr. F. A. Remington, of Sioux City, were adopted.

The officers for the ensuing year are: *President*, Dr. Alfred P. Hanchett, Council Bluffs, Iowa; *Vice-President*, Dr. Lewis P. Crutcher, Kansas City, Mo.; *Second Vice-President*, Dr. Freda M. Lankton, Omaha, Neb.; *Secretary*, Dr. Earle B. Woodward, Lincoln, Neb.; *Treasurer*, Dr. Malanchthon B. Snyder, Council Bluffs, Iowa.

**The Alpha Signa Smoker.**—Beta Chapter of the Alpha Signa Fraternity entertained its friends at a Smoker on the evening of Friday, October 9th. The spacious rooms in the Odd Fellows' Temple, Broad and Cherry Streets, were well filled, and all enjoyed an evening of music and good cheer.

**Married.**—Mr. and Mrs. Joseph H. Mills announce the marriage of their daughter Frances to Dr. Paul Frederick Felsberg on Thursday, September 24, 1903.

**Personals.**—Dr. H. F. Bishop is located at "The Valois," 1330 Massachusetts Avenue, Washington, D. C.

Dr. W. H. Fitz has removed to 1522 Girard Avenue, Philadelphia.

Dr. W. H. Wolf has changed his residence from 1500 5th Avenue to 5800 Center Avenue, Pittsburgh, Pa.

Dr. J. E. Snodgrass, late resident physician in the Rochester Homœopathic Hospital, is now located at No. 12 William Street, Auburn, N. Y.

Dr. Frank H. Pritchard, who is well known to all HAHNEMANNIAN readers, is located at Colton, California. It is an ideal winter home for invalids or persons suffering from weak lungs. The air is pure and dry, and after rain the soil dries off quickly; the water is good and scenery beautiful, being in the midst of an orange belt surrounded by mountains. Patients from the east, traveling in California, should not fail to visit this resort. By arrangement with Dr. Pritchard a few patients may be received into his home.

**New York Letter.**—The Board of Trustees and the Faculty of the New York Homœopathic Medical College and Hospital issued invitations to the opening exercises of the college which took place on Tuesday evening, October 6th, in the Senior Amphitheatre, 63d Street and Eastern Boulevard, and which were well attended and greatly enjoyed. A large incoming class is assured.

Dr. John E. Wilson has removed to 9 East 43d Street. Consultation hours: 10 to 1. Nervous and Mental Diseases exclusively.

Dr. A. B. Norton has returned to the city, and resumed work at his office, 16 West 45th Street. Hours: 8 to 1.

Dr. John B. Garrison has removed to 115 East 71st Street. Hours: 11 to 1, and 6 to 7. Diseases of the Nose and Throat.

Dr. Irving Townsend has returned to his new address, 62 West 51st Street. Hours: 10 to 1.

Dr. George W. McDowell, 542 Fifth Avenue, announces his return. Hours: 9.30 to 1.

Dr. A. Worrall Palmer has resumed his usual office hours: 9 to 12, and 5.30 to 6.30; Sundays, until 10. 210 West 57th Street.

Dr. S. K. Royle, 105 West 76th Street, announces that he is prepared to do special work in electro-therapeutics, including galvanic and faradic electricity, X-ray for malignant growths and diagnostic purposes, d'Arsonval high-frequency current for skin diseases. Consultation by appointment. Telephone, 1408 Riverside.

The Homœopathic Medical Society of the County of New York held a regular meeting in the Chapter room, Carnegie Hall, October 8, 1903, at 8 P.M., the President, Irving Townsend, M.D., in the chair. The following program was carried out:

*Candidates for Active Membership.*—S. K. Royle, M.D., 105 West 76th Street; J. E. Tytler, M.D., 113 West 126th Street. *Reports of Committees.*—*Committee on Surgery:* W. H. Bishop, M.D., *Chairman*; "Administration of the Anæsthetic," by T. Drysdale Buchanan, M.D. Discussion by Caleb Barker, M.D., and F. E. Hopke, M.D. *Committee on Materia Medica:* J. Perry Seward, *Chairman*; "Comparison of Evidences," by Frank M. Hallock,



M.D. Discussion by Spencer Carlton, M.D.; "Radium," by William Harvey King, M.D. Refreshments.

**Washington Letter.**—The Washington Homœopathic Medical Society held its first regular meeting, since the summer adjournment, on Tuesday evening, October 6th, at the Shoreham Hotel. The society discussed the new draft of the constitution and by-laws, which was drawn by the committee appointed for this purpose at the last meeting in June, and Dr. W. H. Riggs read a paper on "Infant Dietetics." Drs. J. B. G. Custis, Richard Kingsman and E. J. O'Brien taking part in the discussion.

Dr. H. H. Hawxhurst has removed his offices and residence to 1412 Massachusetts Avenue. Hours: 8.30 to 9.30 A.M., and 2 to 5 P.M.

Dr. T. L. Macdonald has returned to the city after a summer spent on Maine Coast.

Drs. Richard Kingsman and L. D. Wilson have returned after a prolonged stay at Eaglesmere, Pa.

Dr. M. M. Moffitt spent his vacation at Mackinac, Mich., enjoying fine fishing and boating.

Dr. W. E. Emery returns from New York much improved in health after a rest of six weeks.

Dr. H. F. Bishop has returned from a visit to his home in California and taken office at "The Valois," on Massachusetts Avenue. Hours: 8.30 to 10 A.M., and 3 to 5 P.M.

Dr. Wm. R. King spent his summer in the Canadian woods.

Dr. M. Crichton spent his vacation on the Pacific Coast and Canadian Rockies.

Dr. W. H. Heron is building a summer home on the Military Road at northern end of Rock Creek Park. The doctor took his family to Cape May for the summer.

Dr. Jno. R. Sharp has assumed the practice of Dr. W. F. Corry, who has retired from practice on account of continued ill-health.

Dr. Jas. A. Freer, who has been very ill during the past summer, has resumed practice, being now restored to health.

*Columbia University.*—Department of Medicine began its Eighty-Second Session, with a registration of 275 students, on September 30, 1903.

*Georgetown University School of Medicine* opened its doors to students on September 29, 1903, for the fifty-third term.

The Thirty-Sixth Session of Medical Department of Howard University opened on October 1st, 141 students being enrolled.

*"Pure Milk."*—The Agricultural Department, taking in consideration the importance of pure milk for the larger cities, has issued a bulletin calling attention to this necessity and advantages of the following suggestions: Registration of all dairies; official endorsement of properly conducted dairies; inspection of all herds, barns, and other dairy buildings once per month; improved lighting, ventilation, drainage and cleanliness of cow barns; whitewashing of interior of barns and stables; eradication of tuberculosis in the herds; branding of condemned cows; the non-feeding of swill; regular cleaning of cow herds; pasturage of city cows, delivery of product in sealed packages.

*Emergency Hospital.*—The outcome of the recent investigations at this hospital was the placing of the entire institution in the charge of a male medical superintendent, who is in fiscal and professional control of its affairs. Dr. Chas. S. White, Washington, is the first incumbent of this office, and assumed charge October 1, 1903.

*New Filtration Plant.*—By aid of federal appropriations of \$3,500,000, Washington is installing a filter plant on a 35-acre lot, at the north end of the dis-



trict; there are to be 29 distinct reservoirs, into each of which the water is to be filtered through beds of clean sand. On pollution of any of these sand filters, water is cut off and sand removed and renewed. The beds are thus removed in rotation, 4 of the 29 being always in process of cleansing.

*Navy Medical School* opened its course for student officers for the Second Session, October 1st, with an enrollment of 26.

*Army Medical School* will open November 1st. The following changes in the personnel will occur: Colonel C. L. Heigman, President, vice Colonel DeWitt (retired), and Major Wm. H. Arthur, vice Major Louis A. LaGarde.

*War on Impure Foods.*—The Agricultural Department is making strong efforts to keep out of the country all imported goods the entry of which is inhibited under the pure food act. Since August 1st, when the act went into effect, approximately 600 shipments of meat, wine, olive oil, etc., have been held up pending an examination as to their purity, or the determination of the question whether their use is prohibited in the country whence they are imported into the United States. Up to this time only one shipment, consisting of a number of cases of white wine, has been refused entry. Special agents and consuls abroad keep the department advised by cable of all shipments of goods which may come within the prohibitions of the law, and instructions are sent at once to the collectors at the ports where they are to arrive to hold them in warehouse and send samples to Washington for analysis or other examination.

Macpherson Crichton, M.D.

**The Scarcity of Cod-Liver Oil.**—It is doubtful if the condition created by the present great scarcity of cod-liver oil can find a parallel in the history of medicine. That an article of such wide popularity and general use as cod-liver oil should become so scarce and high in price is an incident that gives rise to serious thought. Never before, perhaps, has it been so clearly shown how great the constant demand is for this product. From all parts of the country come urgent inquiries regarding the outlook in the near future, and in some sections it is almost impossible to get the pure oil at any price. This famine in cod-liver oil, if continued for any length of time, might easily result very seriously. There are thousands of people, young and old, who use this oil continually and whose health depends upon it. To deprive them of cod-liver oil for even a short period would be to deprive them of a very valuable life food, and as there is nothing to take the place of cod-liver oil the seriousness of a prolonged famine can be better imagined than described. It is a source of satisfaction to know that Scott's Emulsion will bridge the temporary scarcity of pure oil, and will keep this valuable article within the reach of everyone who needs it. It is not alone dangerous, but unnecessary, to experiment with the numerous cheap substitutes for cod-liver oil. While Scott's Emulsion is known to be the standard emulsion of cod-liver oil, containing only the purest and best ingredients, there can be no excuse for using the cheap, worthless substitutes.

**Glyco-Thymoline in Endometritis.**—By Charles A. Stedman, M.D., Cleveland, O.—“Mrs. R. This was a case of endometritis, with extensive inflammation. The entire vaginal tract was inflamed and tender, with slight ulceration of the os and profuse leucorrhœal discharge. There was a great deal of pain in the lumbar region, and the patient was extremely nervous. Tampons of Glyco-Thymoline and glycerine, equal parts, were applied and left *in situ* twenty-four hours. After removal of the tampon I gave the patient a vaginal douche of a solution of Glyco-Thymoline and water. Under this treatment the pain and tenderness rapidly subsided and the leucorrhœa diminished. After three months I instructed her to use Glyco-Thymoline douches three times a week, which were continued for some time. All her symptoms have disappeared and the patient now considers herself well.”—*New York Medical Journal*, September 12, 1903.

# THE HAHNEMANNIAN MONTHLY NEWS AND ADVERTISER.

A Medical Newspaper.

DECEMBER, 1903.

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**Roger on Infectious Diseases.** Their Etiology, Diagnosis and Treatment. By G. H. Roger, Professor Extraordinary in the Faculty of Medicine of Paris, etc. Translated by M. S. Gabriel, M.D., New York. In one octavo volume of 864 pages, with 43 illustrations. Cloth, \$5.75 net. Lea Brothers & Co., Philadelphia and New York. 1903.

This volume comprehends almost the entire scope of internal medicine, and touches upon many of the principles underlying modern surgery as well. It could not have been prepared by a laboratory investigator, however brilliant, nor by a clinician, however extensive his experience; its creation remained for



one who combines the instincts and training of a student in original research with almost unprecedented opportunities for clinical investigation.

Never losing sight of the fact that the purpose of the laboratory is to amplify and explain clinical observations, Professor Roger has pursued clinical and experimental researches in the closest relation to each other. In this work he unfolds the knowledge of his subject by simple and practical methods. He first studies the pathogenic agents, inquires into their distribution in nature, the conditions under which they attack man, and their modes of invasion. Full consideration is then given to their influence upon the human economy and the reaction of the latter upon the invaders. Ample time and space are devoted to questions of diagnosis and prognosis, and that the work is eminently practical is shown by the fact that more than a quarter of the volume is devoted to Treatment, both preventive and curative.

Professor Roger has had opportunities for the study of infectious diseases which rarely fall to the lot of any man. In the hospitals under his charge are received all cases of contagious diseases which occur in Paris, and he has personally attended more than 10,000 patients during a period of five years. The effect and purpose of this work is to harmonize any seeming antagonism between experimental researches and clinical observation, and to reduce the theories of infection and immunity to a basis of practical utility.

**Practical Gynæcology.** A Comprehensive Text-Book for Students and Physicians. By E. E. Montgomery, M.D., LL.D., Professor of Gynæcology, Jefferson Medical College; Gynæcologist to the Jefferson Medical College and St. Joseph's Hospitals; Consulting Gynæcologist to the Philadelphia Lying-in Charity and the Kensington Hospital for Women. Second revised edition, containing 900 pages and 539 illustrations. The greater number of the illustrations have been engraved from original drawings made especially for this work. P. Blakiston's Son & Co., Philadelphia, Pa. 1903.

In this new edition many important changes have been made; especially notable is the division comprising genital tumors. The subject of fibromyomata is most admirably handled in an exhausted article for a volume of its size. In considering the treatment of this peculiar type of growth, the author states that the tumor must produce suggestive symptoms in order to indicate surgical interference. Other authorities have recently taken a more radical attitude toward this subject, wherein early operative procedure should be undertaken in every case of fibroid tumor, excepting in the rare instances where the patient is approaching the menopause, and the growth remains stationary or is diminishing in size.

The subject of malignant tumors has been ably treated. Eleven pages are devoted to the section on inoperable carcinoma of the uterus; this is a unique departure, but the relative importance of the subject justifies the comprehensive treatment which the author has accorded it. Dr. Montgomery claims (and we believe correctly) that the great majority of the cases of carcinoma of the uterus which come under the observation of the physician are inoperable. In these cases the important symptomatic indications are hæmorrhage, discharge and pain. The methods recommended for treatment are numerous; curettement, followed by actual cautery, being given the preference.

The description relating to operative procedures is most excellent. The statements are clear; the various obsolete methods handed down from book to book have been judiciously omitted. Taken as a whole, the work is commended to both the student and practitioner. It embodies the careful research of a most practical man. The volume has also an attractive typography and is evidence of a high class publication.



**Saunders' Medical Hand-Atlases—Atlas of the External Diseases of the Eye.** By Prof. Dr. O. Haab, of Zurich. Second edition, thoroughly revised. Edited, with additions, by G. E. De Schweinitz, A.M., M.D., Professor of Ophthalmology in the University of Pennsylvania. With 98 colored lithographic illustrations on 48 plates, and 232 pages of text. Philadelphia, New York, London: W. B. Saunders & Co. 1903. Price, \$3.00 net.

This Atlas on External Diseases of the Eye forms an excellent companion-book to Prof. Haab's "Atlas of Ophthalmoscopy and Ophthalmoscopic Diagnosis," and is just what might be expected from an author of such broad clinical experience and trained observation. Starting with examination of the eye the student is easily and gradually led from one examination to another, thus becoming familiar with the best methods of investigating the eye for the detection of disease. In the chapters on diseases of the eye which follow, the most important diseases are clearly described and the best therapeutic measures recorded. The text has been amply illustrated by a series of beautiful chromolithographic plates, to each one of which a clinical history is appended. This second edition has been thoroughly revised and brought down to date, and a number of new chromolithographic plates added. As in the first edition valuable editorial comments are introduced, and reference made to many of the modern therapeutic agents.

**Lessons on the Eye.** For the use of Undergraduates. By Frank L. Henderson, M.D., Ophthalmic Surgeon to St. Mary's Infirmary and the Christian Orphans' Home; Consulting Oculist to the St. Louis City Hospital, the Wabash Railway and the Terminal Railway Association; Member of the American Medical Association, etc. Third edition. Philadelphia: P. Blakiston's Son & Co. 1903.

The majority of students' manuals on ophthalmology consist of condensations of large treatises on the subject; all diseases of the eye, however rare, being considered, and that, too, though the knowledge required for their diagnosis and management be of a highly technical character. This manual differs from the ordinary works on the subject in that it deals with diseases and conditions which come under the supervision of the general practitioner; conditions which he should be able to treat without the assistance and advice of the specialist. As the author truly remarks, the only originality claimed for this work lies in its omissions. Minute anatomy, the fitting of glasses, skiascopy, ophthalmoscopy and kindred subjects have been left out intentionally. Diseases which have to be diagnosed by the ophthalmoscope have been slighted, because the author doubts the diagnostic value of this instrument in the hands of the average practitioner. No doubt, he is correct in this belief, because the average practitioner does not take sufficient interest in cases requiring the ophthalmoscope, mainly because the number of cases in which it is of positive diagnostic value is limited. Nevertheless, it must be acknowledged that this instrument comes into not very infrequent use in the recognition of retinal and neural conditions which are characteristic of medical diseases, especially those of the kidneys and the nervous-system. These the general practitioner cannot afford to disregard. Most medical students can, with a little application, become thoroughly acquainted with the appearances of the normal fundus oculi. With this foundation, the recognition of optic neuritis and retinitis albuminurica and some other conditions becomes an easy matter. We feel, therefore, that the ophthalmoscope cannot be ignored by the general practitioner. Of course, it goes without saying that he must be thoroughly grounded in the diagnosis and proper treatment of such diseases as purulent ophthalmia,

iritis, keratitis, corneal ulceration, and other external diseases, which are of such a character that the smallest mistake in the early days of the illness means the difference between restoration of sight and permanent impairment of vision.

With this criticism (and all works are open to criticism of some kind), we take pleasure in commending this book, for it will most surely aid the student and practitioner in the treatment of such ophthalmic disorders as he may meet in general practice.

**Compend of Gynæcology.** By Wm. H. Wells, M.D., Chief of the Gynæcological Staff of the Mt. Sinai Hospital, Philadelphia; Demonstrator of Clinical Obstetrics in the Jefferson Medical College, Philadelphia; Fellow of the College of Physicians and of the Gynæcological Section of the Same; Late Assistant in the Gynæcological Department of the Jefferson College Hospital, etc. Third edition, revised and enlarged. With 145 illustrations. Philadelphia: P. Blakiston's Son & Co. 1903. Price, 80 cents net.

The first edition of this compend was received with great favor by students and practitioners of medicine all over the country. This has been a matter of great encouragement to the author in the preparation of his new edition. In this, he has added a section on the general therapeutics of gynæcology. Several new operations have been described. The present work represents the condensed description of the best gynæcological methods.

**Clinical Treatises on the Pathology and Therapy of Disorders of Metabolism and Nutrition.** By Prof. Carl von Noorden, Physician-in-Chief to the City Hospital, Frankfort-on-the-Main. Authorized translation under the direction of Boardman Reed, M.D., Professor of Diseases of the Digestive Tract, Hygiene and Climatology, Department of Medicine, Temple College, Physician to the Samaritan Hospital, Philadelphia, etc. Part IV., The Acid Intoxications. By Prof. Carl von Noorden and Dr. Mohr. New York: E. B. Treat & Co. 1903. Price, 50 cents.

Physicians who treat chronic diseases successfully must keep a close and intelligent watch upon the digestion, excretion and assimilation of their patients. All such will agree with von Noorden, 1, that there are numerous forms of self-poisoning; 2, that the acid forms are among the gravest of them; and 3, that those special perversions of metabolism resulting in the excessive production of oxybutyric acid, diacetic acid, and acetone, which so greatly endanger diabetics, and also complicate, at times, other diseases more or less seriously, are of the utmost practical importance. Dr. A. C. Croftan, the translator of the previous three volumes of this series, has performed the same service for this one, and in his customary able and scholarly manner. The author's title may be briefly rendered the "acid auto-intoxications."

**Lea's Series of Medical Epitomes—Wathen's Epitome of Histology.** A Manual for Students and Physicians. By John R. Wathen, A.M., M.D., Professor of Surgery, etc., formerly Professor of Histology and Pathology, Kentucky School of Medicine, Louisville, Ky. 12mo., 220 pages, 114 illustrations. Cloth, \$1.00 net. Lea Brothers & Co., Publishers, Philadelphia and New York. 1903.

Dr. Wathen has written much more than a compend. His experience in teaching the subject has posted him thoroughly on the needs of the student—the difficulties to be met, and the best way to acquire a solid knowledge of this most important fundamental branch of Medicine. This little volume presents a compact, compendious teaching manual. The amount of well-arranged information it contains is amazing, and its value to the medical student, especially when used in connection with a larger reference book, such as Szymonowicz's sterling work, cannot well be overestimated.



The author has not only given clearly and concisely the essentials of his subject proper, but he has also included references to Embryology that will greatly aid in a correct understanding of Histology and a better appreciation of Pathology.

A special chapter is devoted to the technique of preparing and staining tissues.

Illustrations are used throughout the volume wherever the understanding can be better helped by the combination of text and pictures, and the price (\$1.00), based upon the certainty of a very wide usage, is low enough for every student's purse.

**The Medical News Visiting List for 1904.** Lea Brothers & Co., Publishers, Philadelphia, New York.

Being in its eighteenth year of issue, *The Medical News Visiting List* embodies the results of long experience and study devoted to its development and perfection.

The text portion of *The Medical News Visiting List for 1904* has been thoroughly revised and brought up to date. It contains, among other valuable things, a scheme of dentition; tables of weights and measures and comparative scales; instructions for examining the urine; table of eruptive fevers; incompatibles, poisons and antidotes; directions for effecting artificial respiration; extensive table of doses; an alphabetical table of diseases and their remedies; and directions for ligation of arteries. The record portion contains ruled blanks of various kinds, adapted for noting all details of practice and professional business.

**Literary Note.** "A classic is a book that lives, because it says rightly what is worth saying. It lives, because readers continue to love and admire it. Briefly, it is a book which is too good to die."

No medical book has been styled a classic by competent critics so frequently as "Gray's Anatomy." This wonderfully successful book, "*the Bible of Medicine*," has stood in the forefront for fifty years and is more popular to-day and more widely used than ever before. Would-be competitors only serve to show by comparison its surpassing value.

**The Philadelphia County Homœopathic Medical Society** devoted its November meeting to a general surgical clinic held by Dr. William B. Van Lennep in the amphitheatre of the Hahnemann Hospital. On Thursday evening, November 12th, the seating capacity of the large auditorium was taxed to its utmost capacity long before 9 o'clock. Promptly at that hour Dr. Van Lennep appeared, and for two hours held the large audience to the closest attention while he demonstrated and operated a series of cases.

**The West Jersey Homœopathic Medical Society** held its autumn meeting in the parlor of the Camden Homœopathic Hospital, corner of West and Stevens Streets, on Wednesday, November 18th, at 2 o'clock. Papers were presented by Dr. Wesley J. Barrett, of Camden, Dr. Frederic Mortimer Lawrence, of Philadelphia, Dr. Wallace McGeorge, of Camden, Dr. Oscar L. Grumbrecht, of Camden, and Dr. Leon T. Ashcraft, of Philadelphia.

**The Regular Monthly Meeting of The William B. Van Lennep Clinical Club** was held at the residence of Dr. G. H. Bickley, 1522 S. 10th Street, Philadelphia, on the evening of Tuesday, November 3, 1903. The paper presented by Dr. Bickley dealt with "Ulcer of the Stomach," and drew forth a very interesting discussion.

**The Hahnemann Students' Club** tendered an opening reception, in honor of the Ladies' Auxiliary of Hahnemann Hospital, on Wednesday even-



ing, November 11th, in the Club House, 1706 Summer Street. The reception was well attended and great interest was shown by the guests in the large club house, which is intended to afford dormitories for the students of Hahnemann College. It is said that already every room is taken and nearly one hundred and fifty students dine there daily.

**Personal.**—The professional friends of Dr. William B. Van Lennep will give a dinner at Hotel Bellevue, on the evening of December 5, 1903, at 6.30 o'clock, in honor of his fiftieth birthday anniversary.

Dr. Winfred T. Morrison has removed to 507 Stanbridge Street, Norristown, Pa.

Dr. A. R. Wittke, of Douglass, has removed to Grand Encampment, Wyoming.

Dr. Carl Herman Wintsch has removed his office to 188 Fairmount Avenue, Newark, N. J.

Dr. William F. Baker's address is 1425 Spruce Street. Office hours, 2 to 3 P.M. Nervous and Mental Diseases.

Dr. Fullerton J. Douglas has removed to Pittsburg, Pa. His office is in the Bijou Building, 611 Penn Avenue. Dr. Douglas has for seven years past been associated with the Department for Genito-Urinary Diseases in the Hahnemann Hospital Dispensary, in Philadelphia, and had achieved considerable local reputation in his specialty, to which he will devote himself in his new field.

Dr. Frank Lehman is located at Bristol, Pa., as an associate of Dr. Weaver.

Dr. W. H. Bigler, in the absence of his son, Dr. Bernard E. Bigler, will continue his X-ray treatment and radiographic work at his office, 1425 Spruce Street.

Dr. K. S. Simpson has changed his address to the Homœopathic Hospital, Pittsburg, Pa.

Dr. Lyburn H. Bewley announces his removal to 1512 Pacific Avenue, Atlantic City. Office hours, 9 to 10 A.M., 2 to 4 and 7 to 8 P.M. A. C. Phone 493.

Dr. Edward C. Winsmore has located at 332 South Seventeenth Street. Office hours, 9 to 11.30 A.M., 7.30 to 9 P.M. Sunday, 10 to 11.30 A.M.

Dr. Gilbert J. Palen announces the removal of his office to Suite 1001-3-5 in the Professional Building, 1833 Chestnut Street, Philadelphia. Diseases of the Eye, Ear, Nose and Throat exclusively. Office hours, 9 A.M. to 12.30 P.M. Other hours and Sunday by appointments. Bell and Keystone telephones.

**Obituary.**—Blanche Crawford Mitchell, wife of Dr. Walton S. Mitchell, Hahnemann, '03, died on November 14th, at 534 Summit Avenue, St. Paul, Minnesota, after an illness of five days. Mrs. Mitchell was known to a wide circle of friends in Philadelphia, and all will share in the grief which her loss entails and in sympathy for Dr. Mitchell.

**Deaths.**—MARY A. BOYD, M.D., a graduate of Hahnemann Medical College of Chicago in 1886, died suddenly at her home in Los Angeles, Cal., on September 21st, aged 62 years.

HENRY C. SHEPPARD, M.D., a graduate of Hahnemann Medical College, Philadelphia, in 1878, died at his home in Germantown, Philadelphia, on September 23d, aged 63 years.

THOMAS P. SHEPHERD, M.D., a graduate of the Cleveland Homœopathic Medical College in 1899, died in the Huron Street Hospital, Cleveland, on September 28th, of typhoid fever. His age was 29.

ERNEST W. SPINNEY, M.D., a graduate of the Chicago Homœopathic Medi-

cal College in 1896, died from appendicitis at his home in Reid City, Mich., on September 22d, aged 35 years.

LINCOLN A. STEWART, M.D., a graduate of the Boston University School of Medicine in 1895, and a resident of Clinton, Mass., was drowned in the Penobscot River, near West Brockville, Me., on September 20th, aged 55.

**New York Letter.**—Dr. Frank M. Hallock is located at "Barnard," Central Park West and 71st St. Hours, 11 to 12, 5 to 6.30. Sundays by appointment. Telephone, 131 Columbus.

Dr. A. E. Austin has removed to "The Oxford," Park Avenue and 58th Street. Hours, 9 to 11, 6 to 7. Telephone, 4110 Plaza.

The older school of the best homœopathic prescribers in New York City is receiving many new members in recent graduates, who have no difficulty with the practical application of our established method of cure in the light of more modern science.

The Academy of Pathological Science held a regular meeting on the evening of October 23d, at the residence of Dr. George F. Laidlaw. Subjects for discussion were presented by Drs. George W. McDowell, George F. Laidlaw, George W. Roberts and Sidney F. Wilcox.

The Homœopathic Medical Society of the County of New York held the regular meeting on Thursday, November 12th, at 8 o'clock, the President, Dr. Irving Townsend, in the chair.

Fiske Wood, M.D., 200 West 86th Street, and Anna Novenski, M.D., 529 West 185th Street, were elected to active membership. Roy Upham, M.D., 316 McDonough Street, Brooklyn, and Audley V. Quick, M.D., Yonkers, N.Y., were elected to corresponding membership. Dr. A. Lenora White presented a paper, entitled, "A Case of Pregnancy Complicated by Pyosalpax," which was discussed by Dr. Edward G. Tuttle. Dr. M. H. Van Denburg, of Mt. Vernon, New York, read a paper on the subject of "Alternation." Discussion followed by Drs. C. C. Howard, E. B. Simpson, Rushmore, White, Allen, Hasbrouck, St. C. Smith, Austin and others. A phase of special interest in the discussion was developed by those gentlemen who came from old school ranks, in their firm recommendation of the single remedy, and that, too, in a potency by no means low.

Dr. A. Worrall Palmar presented an interesting paper on "Tobacco Deafness."

Dr. Searson, of London, England, gave a brief address, entitled, "Homœopathy in Great Britain, Its Present and Future," which was received with interest.

The memorial of the late Egbert Guernsey, M.D., LL.D., called out a large attendance. The eulogy was prepared by Brigadier-General Marshall O. Terry, M.D., of Utica, N. Y., and presented by him. Report of the Necrologist, John Hutchinson, M.D. Dr. Demarest presented the report of the Special Committee, consisting of Clinton L. Bagg, M.D., T. Franklin Smith, M.D., and John H. Demarest, M.D. The report was one of fine sincerity and appreciation, and the resolutions with which it concluded were accepted by a rising vote of the Society.

John Hutchinson, M.D.

The Buffalo Homœopathic Hospital held the commencement exercises of its training school for nurses in the First Presbyterian Church Chapel, on October 22, 1903, at 8 o'clock. Nine nurses received their diplomas.

The Lexington Heights Hospital Training School held its commencement exercises in the Twentieth Century Club, on November 10th. Dr. DeWitt G. Wilcox presented diplomas to the six graduates.



The Twenty-Fifth Semi-Annual Meeting of the Northern Indiana and Southern Michigan Homœopathic Medical Association was held at Elkhart, Indiana, in the Council Chamber of the City Hall, on Wednesday, November 4th, at 10.30 o'clock. Vice-President Dr. E. G. Freyermouth presided in the absence of the President, Dr. William Dedrick. The members present were: E. G. Freyermouth and Martha V. Thomas, South Bend; Profs. A. L. Blackwood and H. C. Allen, Chicago; M. K. and W. B. Kreider, Goshen; H. S. Hewitt, Mishawaka; E. C. Dunning, White Pigeon; A. L. Fisher, Porter Turner, Geo. F. Washburne, C. W. Hoywood, C. D. Goodrich and H. A. Mumaw, Elkhart. Among the visitors present was Dr. Herbert A. Lemon, of Goshen. Prof. J. T. Kent, of Chicago, was elected an honorary member. Drs. H. C. Allen, Dean of the Hering Medical College, and A. L. Blackwood, Professor of Practice at Hahnemann Medical, spoke of the large attendance and good work done at their respective institutions.

At the afternoon session, Dr. A. L. Blackwood was appointed general critic for the day. The following papers were read and discussed: "Treatment of Pleural Effusions," by A. L. Blackwood; "Appendicitis" and "Chlorosis," by H. C. Allen; "Verifications of Symptoms of Cajaput" and "Neurasthenia," by A. L. Fisher; "Midwifery," by E. Mather, of Detroit. The following chairmen of bureaus for the next meeting were appointed: *Materia Medica*, F. C. Dunning; *Surgery*, Porter Turner; *Practice*, H. C. Allen; *Obstetrics*, M. K. Krieder; *Ophthalmology and Otology*, C. D. Goodrich; *Pediatrics*, Martha V. Thomas; *Organon*, Prof. J. T. Kent.

The chair appointed Dr. C. N. Meyers, John Burough and W. H. Thomas a Committee on *Credentials*; Drs. Mumaw and Fisher on *Publication*, and M. H. Criswell, *Necrologist*. A vote of thanks was extended to the Mayor and the City Council for the use of the Chamber. It was decided to hold the next meeting in Elkhart on the first Tuesday of May, 1904.

The Sixty-Eighth Semi-Annual Session of the Miami Valley Homœopathic Medical Society was held at the Phillips House, Dayton, Ohio, on Thursday, October 29th, at 10 o'clock A.M. The program included papers on "Uterine Cancer," by C. E. Walton, Cincinnati; "Prostatic Abscess," by J. M. Wine, Dayton; "X-Ray Observations," by H. H. Wiggers, Cincinnati; "Addison's Disease," by H. E. Beebe, Sidney; "An Inquiry into the Dynamic Action of Drugs," by Chas. Zurmuhlen, Dayton; "Toxæmia and Metabolism," by J. E. Studebaker, Springfield; "The Problem of Consciousness," by J. D. Buck, Cincinnati; "Puerperal Eclampsia and Treatment," by J. I. Bashore, Dayton; and "Anæsthetics," by W. J. Blackburn, Dayton.

The Saturday Night Club of Microscopists held its monthly meeting at the Hahnemann Medical College, November 21, 1903. Four papers, with lantern demonstrations, were presented. They were as follows: "The Blood-Cells in Normal and Certain Abnormal Conditions," W. H. Lyle, M.D.; "Placental Hæmorrhages in a Case of Eclampsia," A. Korndœrfer, Jr., M.D.; "Tuberculosis of the Spinal Cord," J. J. Tuller, M.D.; and "Tuberculosis of the Kidney," S. W. Sappington, M.D. It is proposed to change the name of the club to one that will better express its interest in pathology.

**Washington Letter.**—The Washington Homœopathic Medical Society held its regular meeting for November on Tuesday, the 3d, at the Hotel Shoreham. The Advisory Committee report the draft of the new constitution and by-laws, which, after a series of discussions, during which a few amendments were made and carried, the committee's report was adopted and the new constitution was declared. The paper to have been presented by Dr. H. F. Bishop



was, at his request, by reason of the lateness of the hour, postponed till the next regular meeting. The Committee on Arrangements for the annual meeting reported the details for said meeting: "A Symposium on Materia Medica" for both evenings, December 18th and 19th, and invitations to two visiting physicians to present papers on the subject.

Dr. Babbitt has given up his practice and offices and removed to New York, where he has become engaged in the management of the American Telephone Co.

Dr. William R. Andrews has removed from Rockville, Maryland, and gone to Clarksburg, W. Va., Dr. G. E. Lewis, of this city, having taken up Dr. Andrews' Rockville practice.

Dr. Buchanan, late resident at the National Homœopathic Hospital, has established an office in L Street, N. W., near 14th Street.

*The Sixth Annual Report* of the Board of Medical Supervisors of the District of Columbia has been made. The board renews the request that the sum of \$2500 be asked of Congress to compensate the members of the medical examining boards at the rate of \$10 each for every meeting actually attended. This year the board held fourteen meetings. The subject of reciprocity in the matter of exchange of licenses without examination has occupied much time. They state that careful consideration has been given to every application made for license by virtue of the section of the law which provides for a possible interchange of courtesy between the several boards. "The board has not seen its way clear to the granting of these requests in any instance. It does not see how, at the present time, such reciprocity is possible without some amendment by Congress of the present law under which we are operating. The lack of uniformity in the medical practice acts in the several States is regretted, as it forms the chief barrier to the establishment of the much desired reciprocity." The board adds: "As we believe that the law under which we are organized is the most practical of any so far enacted, we would recommend it as a model to the Legislatures of the several States."

Dr. Wm. A. White, Binghamton, N. Y., has assumed the duties of his office as Superintendent of the U. S. Hospital for the Insane (St. Elizabeth's).

*American Public Health Association* held its Thirty-Third Annual Convention in Washington, October 26-30. This Association includes the United States, the Dominion of Canada, Mexico and Cuba.

*Woman's Clinic in New Home.*—This institution, non-sectarian in character, a part of whose work is charitable, and which was established thirteen years ago, has removed to its new hospital building at 13th and T Street, N. W. A fund is being collected to finish paying off the debt of the institution.

*War College Building.*—The Secretary of War will recommend to Congress the appropriation of \$300,000 for the erection in Washington of a general Military Hospital, and a similar amount for an Army War College.

*Assistant Surgeons U. S. N.*—Five new assistant surgeons have been appointed in the Navy; there are still 11 vacancies in this medical corps.

*Assistant Surgeons U. S. A.*—Recent examinations for these positions were held in Washington, D. C.; only 5 out of 20 candidates passed. There are now 18 vacancies in this corps. The next examination for these vacancies will be held in Washington in May, 1904.

*Health of District.*—Report of health officer for the past week shows total deaths at 102; of these, 65 were white and 37 colored. There were 16 cases of diphtheria, 19 of scarlet fever, and 210 enteric fevers under medical care at the close of the week.

*Army Death-Rate.*—The mortality from cholera in the army caused a slight increase in the death-rate during fiscal year ending June 30, 1903. The Fili-

pinos and Malays in the army had a higher death-rate, but a very low percentage of alcoholism. Venereal diseases increased considerably, and the loss of the canteen is blamed for this in part. The annual report of Surgeon-General Robert M. O'Reilly says in part in reference to the above topic:

"The enrollment of about 5000 native Filipino scouts having added a new racial element to the army, it becomes a matter of much interest to study the comparative effects of disease on them and on our white and colored troops. For the whole army, at home and abroad, during the year 1902, the white troops showed an admission-rate of 1706.33 per 1000 and a death-rate of 14.40. The negro troops had 1897.74 admissions and 24.11 deaths per 1000, and the Malay scouts 1707.21 admissions per 1000 and 24.04 deaths. The white race, therefore, gave the lowest figures in sickness and much the lowest mortality. The black race led in both, although the Malay closely approached it in death-rate.

"The freedom of the Filipino from the vice of drunkenness is strikingly shown when we find that out of 5000 men only 3 individuals were treated for alcoholism in one year, and that while white soldiers were admitted to sick report on account of their own misconduct in the use of alcohol at the rate of 24.78 per 1000, and colored troops at the rate of 11.70, the Malay scouts showed the extremely small admission-rate of 0.62 per 1000.

"The steadily increasing prevalence of venereal disease is the most discouraging feature in the sick report of the army. During 1902, 13,000 admissions were from this cause alone, equivalent to a rate of 160.94 per 1000. Admissions to sick report from alcoholism in 1902 were slightly in excess of the number (including volunteers) for 1901. A total number of 1830 cases, equivalent to 22.65 per 1000 of strength, occurred.

"It is impossible not to attribute a large part of the steadily increasing venereal disease of the army to the loss of the canteen, where the soldier, if he so desired, could get his beer throughout the month, but was not subjected to the temptations to intemperance and vice now attendant on the expenditure of a full month's pay at the low resorts infesting the outskirts of our military reservations.

"A slight diminution of insanity occurred in the army during 1902. There were 138 new cases, equivalent to the admission-rate of 1.71 per 1000, which is almost identical with the rate for the decade 1891 to 1900."

Macpherson Crichton, M.D.

**The Hahnemann Students' Club House.**—The plan for a Club House for the students of the Hahnemann College was first suggested by Messrs. Rutledge and Mount, of the Young Men's Christian Association, last spring, to the Lady Managers of the hospital. The latter at once entered into the plan with great enthusiasm, and proceeded to raise the funds with which to make the plan a practical one. By private subscription, about two-thirds of the amount necessary was raised, Mrs. John Roberts, of Overbrook, herself collecting over one thousand dollars from her friends. A large and commodious house at 1606 Summer Street was rented and equipped. This building contains forty sleeping rooms, some of them fitted for the accommodation of two students. The total sleeping accommodations of the house is fifty.

For the management of the enterprise, a matron and financial manager have been engaged. Students are given lodging at prices ranging from three to four dollars per week. Table board is furnished for three dollars per week. In this way the patrons are given accommodations of such a high grade that it would require double the sum to secure elsewhere.

The plan of managing the enterprise is of the most generous character. Students pay a given sum for so many meal tickets. If they absent themselves from meals to eat elsewhere, they are not obliged to pay for their absence.



About twenty-five students who do not lodge at the house take their meals regularly here. Already the enterprise is self-supporting.

On the evening of November 17th the ladies held a bazaar and chicken and waffle supper for raising additional funds for adding to the furniture of the building. Although the night was a very stormy one, the large house was crowded to its utmost capacity, and over three hundred persons sat down to supper. Over five hundred dollars was added to the fund by the venture.

It is proposed eventually to furnish a general assembly and reading room, with current magazines and daily papers; a game room, smoking room, etc., in so far as resources and expediency will permit.

It is hoped that in a few years to come this project will prove to have been the starting-point for a system of college dormitories, self-supporting and self-governing, established from year to year as the growth of the college shall demand, without necessitating any direct outlay on the part of the corporation for buildings and maintenance.

Again, that this club may bear much the same relation to our college that Houston Hall, for instance, does to the University of Pennsylvania—of furnishing a focal point about which may centre our common interests, regardless of other affiliations, and a place where from time to time students, alumni, Boards of Trustees, Managers and the Faculty may meet in relations less formal than are ordinarily possible.

Such, then, in brief, is an outline of the origin and purpose of The Hahne-mann Students' Club, with a mere suggestion of its possibilities for ourselves and our Alma Mater. Its ultimate success will depend entirely upon the zeal with which Trustees, Managers, Faculty and students co-operate to develop its present humble beginnings.

The interests of the student body in the management of the club are at present represented by two of their number elected as a House Committee, whose function is to receive and consider suggestions and complaints and to confer with the financial agent and matron.

**Homœopathy in Holland—A "Regular" Comment.**—"The present government of Holland is strongly in favor of homœopathy and faith healing, and loses no opportunity to discredit the medical profession. The authorities have even gone so far as to invite to the chair of pharmacognosy and pharmacodynamics, at the University of Leyden, a certain Mende-Ernst, of Zurich, formerly a minister, well known throughout Switzerland as a charlatan and homœopath. The call was made at the instance of the prime minister, under protest from the faculty."—*Journal of the American Medical Association*, November 21, 1903.

**A Homœopathic Hospital in Berlin.**—The practitioners of homœopathy in Berlin have begun the erection of a hospital which will, when completed, have a capacity of about fifty beds.

**Vienna and Vivisection.**—According to the *J. A., M. A.*, in Austria, the government, through its representatives in parliament, seems to have publicly identified itself with the ignorant enemies of science and progress. Our Austrian exchanges comment with grief on this disgrace of their country. The culmination of the trouble was reached in a discussion of vivisection in the lower Austrian Landtag. Several members, including the speaker of the house, accused the members of the medical profession, especially certain world-famous Vienna professors, of experimenting on poor patients and of other obnoxious practices on the line of vivisection. The matter was referred to a committee whose report recommends that all the laboratory animals shall be removed from the clinics of the gynæcologists, Chrobak and Schauta. The



dean, Prof. Weichselbaum, and the other members of the faculty have publicly protested against this measure, and the profession throughout Europe is watching aghast this dark cloud which is obscuring the brilliancy of the famous Vienna school. A public meeting of protest has been held in Vienna by the students and professors, and the medical chamber passed a unanimous resolution that the members of the national health service should resign in a body. The minister of education has tried to conciliate the profession, urging them not to take the words of the speaker of the house too seriously and exaggerate their import. Our Berlin exchanges quote Billroth's complaints of the indifference, if not actual enmity, of the legislators, even as long ago as 1874, and the conditions have evidently not improved since then.

**The American Congress on Tuberculosis.**—The President of the American Congress on Tuberculosis, to be held in Washington, D. C., April 4, 5 and 6, 1905, announces Dr. Alfred Meyer, of New York City, consulting physician to the Bedford Sanitarium for consumptives, chairman of a committee in charge of the section on sanitarium treatment of tuberculosis. It is probable that the climatic and other methods of treatment will be comprised under the work of this committee.

**The Olive-Branch Rejected.**—In accordance with the wishes of the American Medical Association, the Polk County, Iowa, Society recently invited into membership all physicians regardless of "school." At a meeting of the homœopathic county society the invitation was rejected, however, and resolutions were passed questioning the purposes of the "regulars," criticizing their plan of amalgamation, and declaring it a scheme to suppress homœopathy.

**Transactions of the I. H. A.**—A certain number of copies of last year's *Transactions* of the International Hahnemannian Association are to be offered for sale. To those interested in the therapeutic development toward which this society has directed its efforts, this is a rare opportunity. Address the secretary of the society, Dr. Philip E. Krichbaum, 207 Bellevue Avenue, Upper Montclair, N. J.

**A Large Bequest to Pulte Medical College.**—Pulte Medical College, of Cincinnati, Ohio, has received the Carolyn Hooper bequest of \$25,000. The trustees have only to say whether they will accept cash or certain securities in bank stocks or Cincinnati gas stocks.

**Excerpt from the London Daily Chronicle.**—The general results of the recent discussion in this paper on the relative value and safety of various antiseptics derive confirmation from a monograph which we have received from the Pasteur Institute of Paris. We described the volatile or essential oils of plants as the safest—and the most pleasant, might have been added—of antiseptics for direct human use; that of eucalyptus holding a very high place. A couple of professorial members of the Association of Analytical Chemists of the Pasteur Institute have been studying Listerine, which is named after the great English surgeon. Listerine is a mixture of the essential oils of thyme, eucalyptus, baptisia, wintergreen and mint. It has relatively non-toxic properties peculiar to these oils, but the Parisian savants have brought out the important fact that the mixture of oils is much more potent than any one of them singly. It attacks more than one joint in the bacterial armour. Carbolic acid—used so much, mainly because it is the original antiseptic employed by Lister—is 146 times as toxic as Listerine.









